

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

## CERTIFICATE OF DEATH

12421

Reg. Dist. No. 3060

## 1. PLACE OF DEATH

County Washington  
 City or town Smithsburg md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 8 yr.  
 Hospital, institution, or street address where death occurred: -

How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Washington  
 City or town Smithsburg md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Maple Ave Smithsburg md  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war none

## 3. (a) FULL NAME

William. Franklin Barkedoll

## 3. (b) Social Security Number

none

## 4. Sex

Male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Uma Rose Barkedoll.

## 7. Birth date of deceased (Mo., day, yr.)

6-22-1861

## 6. (c) If alive, give age

74 years

## 8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>2</u>	<u>9</u>	hrs. min.

## 9. Birthplace

Near Smithsburg Wash Co md  
(Town, county, and state)

## 10. Usual occupation

Retired Farmer.

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

Elias Barkedoll

## 13. Birthplace

Near Smithsburg md

## 14. Maiden name

Rebecca Yeagle

## 15. Birthplace

Near Smithsburg md

## 16. Informant

Uma Rose Barkedoll

## Address

Smithsburg md

## 17.

(Burial, cremation, or removal. Which?)

Date thereof

12-4-1946  
(month) (day) (year)

## Cemetery or crematorium

Smithsburg Cemetery

## Location

Smithsburg md

## 18. Funeral director

Geo. W. Hoover

## Address

Smithsburg md

## 19.

(Date rec'd by registrar)

1946Geo. W. Ferguson  
local Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Dec 1 1946 at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 30 1946 to Dec 1 1946and that I last saw him alive on Dec 1 1946

Immediate cause of death

Coronary Thrombosis

DURATION

Due to arteriosclerosis 15 yrs.Due to EmphysemaOther conditions C

(Include pregnancy within 3 months of death)

Major findings of operations CAutopsy results C

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide C Date of C

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. W. Hoover M. D. or otherAddress Smithsburg md Date signed 12/1/46

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

12422

## CERTIFICATE OF DEATH

Reg. Dist. No. 3020

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 8 Weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 235 Summit Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Margaret V. Bazel

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 13, 1873

8. AGE: Years 73 Months 9 Days 14 (if less than one day) hrs. min.

9. Birthplace Downsville, Washington Co., Md.  
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Mose Bazel13. Birthplace Rockingham Co., Va.14. Maiden name Ann Margaret Criswell15. Birthplace Keedysville, Md.16. Informant John W. BazelAddress 235 Summit Ave. Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 30, 1946  
 (month) (day) (year)

Cemetery or crematory Fairview CemeteryLocation Keedysville, Md.18. Funeral director Fred W. KraissAddress Hagerstown, Md.

19. Dec. 30, 1946 Registrar Paul H. Bowers  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27, 1946 4:15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 14 to Dec. 27, 1946  
 and that I last saw him alive on Dec. 25, 1946

Immediate cause of death

DURATION

Acute myocarditis 12-7-46  
Cardiac Failure 12-7-46  
Liver Necrosis Dec. 14/46

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

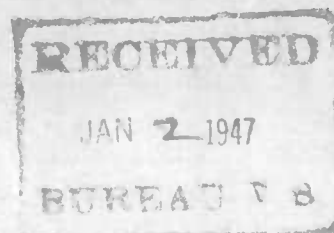
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Howard Jones M. D. or other

Hagerstown, Md. Date signed 12-30-46  
 Address



1-52



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1190

## CERTIFICATE OF DEATH

12423

118



Reg. Diat. No. 3020

## 1. PLACE OF DEATH:

County WASHINGTON  
 City or town HAGERSTOWN  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Mo. 1 DAY

Hospital, institution, or street address where death occurred:

WASHINGTON COUNTY HOSPITALHow long in hospital or institution? 2 DAYS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County WASHINGTON  
 City or town HAGERSTOWN  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 1 E. BALTIMORE ST.  
 (If rural, give LOCATION)

2.(a) If veteran, name war NW-VET.

## 3. (a) FULL NAME

JAMES DOLPH BEQUEATH

## 3. (b) Social Security Number

NONE

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MALE WHITE SINGLE

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 16, 1946

8. AGE: Years 2 Months 1 Days If less than one day hrs. min.

9. Birthplace Hagerstown, Washington, Md.  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Dennis S. Bequeath13. Birthplace Breezywood Pa.14. Maiden name Helen J. Sittler15. Birthplace Hagerstown, Md.16. Informant Dennis S. Bequeath (Father)Address East Bglt. St. Hagerstown Md.17. Burial Date thereof Dec. 18, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose HillLocation Hagerstown Md.18. Funeral director Woodford J. NormentAddress Hagerstown Md.19. Dec. 18, 46 Chas. Bowers  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 17, 1946 at 8:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 15, 1946 to Dec 17, 1946and that I last saw him alive on Dec 17, 1946

Immediate cause of death

Ac. Enteritis (Cause not determined)

Due to

Due to

Other conditions Acidosis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results 12/17/46 - no positive findings

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of Injury Injured at work?

23. SIGNATURE B. S. Bowers M. D. or other

Address Date signed

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 72

12424

## CERTIFICATE OF DEATH

Reg. Dist. No. 3050

## 1. PLACE OF DEATH:

County Washington  
City or town Cleelandville Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1.0 yr.  
Hospital, institution, or street address where death occurred:  
Bonoboro R. 2How long in hospital or institution? at home

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Cleelandville Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Bonoboro md. R. 2  
(If rural, give LOCATION)2.(a) If veteran, name war none

## 3. (a) FULL NAME

Harry Eugene Berger

## 3. (b) Social Security Number

220-10-5861

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married6. (b) Name of husband or wife Naomi Berger6. (c) If alive, give age 46 years7. Birth date of deceased (mo., day, yr.) June - 13 - 19048. AGE: Years 42 Months 6 Days 17 If less than one day hrs. min.9. Birthplace Jefferson Ind. Co. md.  
(Town, county, and state)10. Usual occupation Cement Finisher11. Industry or business North American Cement Corp.12. Name Frank Berger13. Birthplace Wash. Co. md.14. Maiden name Elizabeth Berger15. Birthplace Wash. Co. md.16. Informant Mrs. Naomi BergerAddress Bonoboro md. R. 217. Burial Date thereof Jan - 1 - 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Bonoboro CemeteryLocation Bonoboro md.18. Funeral director Wm E. Best & SonAddress Bonoboro md.19. Jan - 1 - 1947 John H. Best  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 19 46 at 3 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 30 19 46 to Dec 30 19 46and that I last saw him alive on December 30 19 46Immediate cause of death None DURATION 10 yrsNone dilation of heartDue to chronic atherosclerosisDue to 10 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature G. W. Llan M. D.Address Bonoboro Date signed 12/30/46

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VS A15 9-45-15M

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12425

Reg. Dist. No. 3820

<b>1. PLACE OF DEATH:</b> County <u>Washington</u> City or town <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>20 years</u> Hospital, institution, or street address where death occurred: <u>Harwood Road</u> How long in hospital or institution?				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Md.</u> County <u>Washington</u> City or town <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>Harwood Road</u> (If rural, give LOCATION) 2.(a) If veteran, name war											
<b>3. (a) FULL NAME</b> <u>Margaret E. Berger</u>				<b>3. (b) Social Security Number</b>											
<b>4. Sex</b> <u>female</u>		<b>5. Color or race</b> <u>white</u>		<b>6.(a) Single, married, widowed, or divorced</b> <u>widowed</u>											
<b>6.(b) Name of husband or wife</b> <u>Henry Berger</u>				<b>6.(c) If alive, give age</b> ..... years											
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>December 5, 1861</u>				<b>8. AGE:</b> <table border="1"> <tr> <th>Years</th> <th>Months</th> <th>Days</th> <th>If less than one day</th> </tr> <tr> <td><u>85</u></td> <td><u>-</u></td> <td><u>20</u></td> <td>..... hrs. .... min.</td> </tr> </table>				Years	Months	Days	If less than one day	<u>85</u>	<u>-</u>	<u>20</u>	..... hrs. .... min.
Years	Months	Days	If less than one day												
<u>85</u>	<u>-</u>	<u>20</u>	..... hrs. .... min.												
<b>9. Birthplace</b> <u>near St. James, Wash., Md.</u> (Town, county, and state)				<b>10. Usual occupation</b> .....											
<b>11. Industry or business</b> .....				<b>12. Name</b> <u>Henry Mullen</u>											
<b>13. Birthplace</b> <u>near St. James, Md.</u>				<b>14. Maiden name</b> <u>unknown</u>											
<b>15. Birthplace</b>				<b>16. Informant</b> <u>Clinton H. Berger</u> Address <u>Hagerstown, Md.</u>											
<b>17. Burial</b> <u>Dec. 27, 1946</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory <u>Broadfording Church</u> Location <u>near Huyetts, Md.</u> <b>18. Funeral director</b> <u>Scott F. Minnich &amp; Son</u> Address <u>Hagerstown, Md.</u>				<b>20. DATE OF DEATH</b> <u>December 25, 1946</u> at <u>10:25 a.m.</u>											
<b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>Dec 17-46</u> to <u>Dec 25-46</u> and that I last saw <u>her</u> alive on <u>Dec 27-46</u>				<b>Immediate cause of death</b> ..... <u>Ch. Myocarditis</u> Due to ..... Due to ..... Other conditions ..... (Include pregnancy within 3 months of death)											
<b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide ..... Date of ..... Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury ..... Injured at work?				<b>Major findings of operations</b> ..... Date of op. .... <b>Autopsy results</b> ..... <b>PHYSICIAN:</b> Please underline the cause to which death should be charged statistically.											
<b>23. SIGNATURE</b> <u>[Signature]</u> Address ..... Date signed <u>Dec 27, 46</u>				<b>24. SIGNATURE</b> <u>[Signature]</u> Address ..... Date signed <u>Dec 27, 46</u>											

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

12426

## CERTIFICATE OF DEATH

Reg. Dist. No. 3020

## 1. PLACE OF DEATH:

County WASHINGTON  
 City or town FUNKSTOWN  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 82 yrs.  
 Hospital, institution, or street address where death occurred:  
Green Street  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Funkstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Green Street  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war NON-VET.

## 3. (a) FULL NAME

DAVID FRANKLIN BOWER

## 3. (b) Social Security Number

NONE

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Widowed

6. (b) Name of husband or wife Alice M. Hartselle7. Birth date of deceased (mo., day, yr.) April 4, 18648. AGE: 82 Years 8 Months 22 Days hrs. min.9. Birthplace Maryansville, Washington, Md.  
(Town, county, and state)10. Usual occupation Farm labor11. Industry or business Retired12. Name David Bower13. Birthplace Funkstown, Md.14. Maiden name Mary K. Bowman15. Birthplace Funkstown, Md.16. Informant J. Lewis Bower (Son)Address 300 E. Wilson Blvd.17. Burial (Burial, cremation, or removal) Which? Burial Date thereof Dec. 29, 1946  
(month) (day) (year)Cemetery or crematorium Funkstown CemeteryLocation Funkstown, Md.18. Funeral director W. T. NormentAddress Hagerstown, Md.19. Dec. 26, 1946 W. T. Norment  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH December 26, 1946, at 10:10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 8, 1946 to Dec. 26, 1946 and that I last saw him alive on December 26, 1946Immediate cause of death Hypertensive cardiovascular-renal disease.

Due to

Due to

Due to

Other conditions Pneumonia

(Include pregnancy within 3 months of death)

Major findings of operations NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ra Bower M. D. or otherAddress Hagerstown, Md. Date signed 12/27/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12427

Reg. Dist. No.

3120

1. PLACE OF DEATH: Washington  
 County Hagerstown  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 71 years  
 Hospital, institution, or street address where death occurred:  
538 W. Wilson Blvd.  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Md. County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 538 W. Wilson Blvd.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

3. (a) FULL NAME Tryon Edward Bragunier

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Annie L. Bragunier  
 6.(c) If alive, give age 65 years  
 7. Birth date of deceased (mo., day, yr.) March 7, 1875  
 8. AGE: Years 71 Months 9 Days 18 It less than one day  
 .....hrs. ....min.

9. Birthplace Hagerstown, Wash., Md.  
 (Town, county, and state)  
 10. Usual occupation Retired  
 11. Industry or business Western Md. Railroad  
 FATHER 12. Name James D. Bragunier  
 13. Birthplace Hagerstown, Md.  
 MOTHER 14. Maiden name Elizabeth Hose  
 15. Birthplace Hagerstown, Md.  
 16. Informant Mrs. Annie L. Bragunier  
 Address Hagerstown, Md.

17. Burial Date thereof Dec. 28, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rose Hill Cemetery  
 Location Hagerstown, Md.  
 18. Funeral director Scott F. Minnich & Son  
 Address Hagerstown, Md.

19. Dec. 27, 46 Cliff Powers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25, 1946 at 4:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
December 15, 1946, to Present  
 and that I last saw him alive on December 25, 1946

Immediate cause of death Ventricular Fibrillation DURATION Seconds

Due to Coronary-arteriosclerotic Heart Disease with Aortic Insufficiency 1 year

Due to  
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

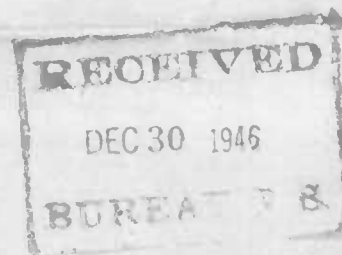
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Salter M. Weedy, M.D. M. D. or other

Address Hagerstown, Maryland Date signed 12/25/46



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

12428

## CERTIFICATE OF DEATH

Reg. Dist. No. 3020

## 1. PLACE OF DEATH:

County..... Washington  
 City or town..... Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 20 years  
 Hospital, institution, or street address where death occurred:  
 909 Hamilton Blvd.  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Maryland County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... 909 Hamilton Blvd.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Edward Brewer

## 3. (b) Social Security Number

None

4. Sex..... Male  
 5. Color or race..... White  
 6. (a) Single, married, widowed, or divorced..... Married  
 6. (b) Name of husband or wife..... Mary E. Brewer  
 6. (c) If alive, give age..... 84 years  
 7. Birth date of deceased (mo., day, yr.)..... April 29, 1859  
 8. AGE: Years..... 87 Months..... 7 Days..... 27 If less than one day..... hrs. min.

9. Birthplace..... Clearspring, Wash. Co. Md.  
 (Town, county, and state)  
 10. Usual occupation..... Retired Merchant  
 11. Industry or business.....

FATHER  
 12. Name..... Jacob H. Brewer  
 13. Birthplace..... Clearspring, Maryland  
 MOTHER  
 14. Maiden name..... Jane Ingles  
 15. Birthplace..... Baltimore, Maryland

16. Informant..... Earl Brewer  
 Address..... Hagerstown, Maryland  
 17. Burial..... Date thereof..... 12-28-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory..... St. Paul Cemetery  
 Location..... Near Clearspring, Maryland

18. Funeral director..... C. M. Suter & Sons  
 Address..... Hagerstown, Maryland

19. Dec. 27, 1946.....  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... 12/26/46 at 5 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan - 1940 to 12/26/46 and that I last saw him alive on 12/26/46.

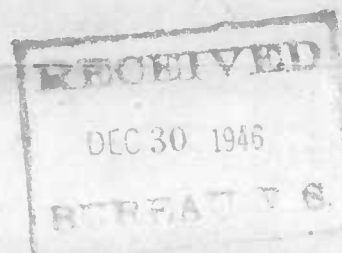
Immediate cause of death.....  
 Chronic Endocarditis  
 Nephritis  
 Arterio-sclerosis  
 Prostatitis.

Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE..... Peter D. Miller  
 Address..... Hagerstown, Md. Date signed..... 12/24/46  
 M. D. or other



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

## CERTIFICATE OF DEATH

12429

Reg. Dist. No.

3020

## 1. PLACE OF DEATH:

County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 42 years  
 Hospital, institution, or street address where death occurred:  
 Washington County Hospital  
 Dead on arrival  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... 46 S. Mulberry St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

David W. Carbaugh

## 3. (b) Social Security Number

220-16-0100

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced  
 6.(b) Name of husband or wife .....

6.(c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) May 4, 1904  
 8. AGE: Years 42 Months 7 Days 1 If less than one day  
 hrs. min.

9. Birthplace Hagerstown Wash. Md.  
 (Town, county, and state)  
 10. Usual occupation Truck Driver

11. Industry or business Acme Linden Co.

12. Name George M. Carbaugh  
 13. Birthplace Near Hagerstown Md.

14. Maiden name Ida Bloyer  
 15. Birthplace Shippensburg Pa.

16. Informant Mr. Charles Carbaugh  
 Address Hagerstown Md.

17. Burial 12-9-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rest Haven Cemetery  
 Hagerstown Md.  
 Location .....

18. Funeral director Scott F. Minnich & Son  
 Address Hagerstown Md.

19. Dec. 9, 1946  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 5, 1946 at 7:05p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5, 1946 to Dec 5, 1946  
 and that I last saw him alive on Dec 5, 1946

Immediate cause of death  
 Cerebral Hemorrhage 1 mi

Other conditions .....

Other conditions .....

Other conditions .....

Other conditions .....

Other conditions .....

Other conditions .....

Other conditions .....

Other conditions .....

Other conditions .....

Other conditions .....

Other conditions .....

Other conditions .....

Other conditions .....

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

12430  
3040

## 1. PLACE OF DEATH:

County Washington  
 City or town Hancock  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 17 Years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hancock  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

James Garfield Childers

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Jennie Childers  
 6. (c) If alive, give age 63 years  
 7. Birth date of deceased (mo., day, yr.) August 8 1881  
 8. AGE: Years 65 Months 3 Days 28 If less than one day  
 hrs. min.

9. Birthplace Paw Paw, W. Va.  
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Franklin Childers

13. Birthplace Paw Paw W. VA.

MOTHER 14. Maiden name Not Known

15. Birthplace ;; ;;

16. Informant Mrs. Jennie Childers

Address Hancock, Md.

17. Burial Date thereof Dec. 7 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Woodrow Cemetery

Location Near Paw Paw W. VA.

18. Funeral director Snyder - Rowland

Address Hancock, Md.

19. 12/7/46 John H. Veller  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 19 46, at 11:15 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 43 to 12-3 19 46  
 and that I last saw him alive on 11-15 19 46

Immediate cause of death

DURATION

Pulmonary tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Herbert R. Zohias  
 M. D. or other

Address Hancock Md. Date signed 12-6-46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

DrPrathar 12585

830

Reg. Dist. No. 802

2031

## 1. PLACE OF DEATH:

County Washington  
 City or town Near Wilson  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 Years  
 Hospital, institution, or street address where death occurred:  
Gate Way Nurseing Home  
 How long in hospital or institution? 3 Years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Funkstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Main Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war NO

## 3. (a) FULL NAME

Mrs. Bessie M. Claggett

## 3. (b) Social Security Number

None

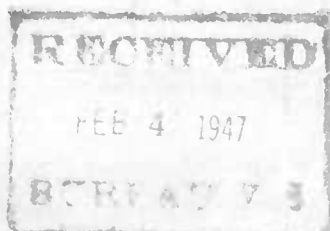
4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>	
6. (b) Name of husband or wife <u>William G.</u>			
6. (c) If alive, give age..... years			
7. Birth date of deceased (mo., day, yr.) <u>December 18, 1864</u>			
8. AGE: Years <u>82</u>	Months <u>0</u>	Days <u>4</u>	If less than one day ..... hrs. .... min.
9. Birthplace <u>Lanark, Carroll Co. Ill.</u> (Town, county, and state) <u>House Work</u>			
10. Usual occupation			
11. Industry or business <u>Own Home</u>			
MOTHER	12. Name <u>No Record</u>		
	13. Birthplace <u>No Record</u>		
	14. Maiden name <u>No Record</u>		
	15. Birthplace <u>No Record</u>		

16. Informant <u>Mrs. Gloria Layman</u> Address <u>Hagerstown, Md. R#2</u>	
17. Burial (Burial, cremation, or removal. Which?)	Date thereof <u>Dec. 26, 1946</u> (month) (day) (year)
Cemetery or crematory <u>Silver Creek Cemetery</u>	
Location <u>Mt. Morris Illinois</u>	
18. Funeral director <u>Andrew K Coffman</u> Address <u>Hagerstown, Md.</u>	
19. <u>Dec. 25, 1946</u> (Date rec'd by registrar)	
Registrar <u>By M. Field</u>	

## MEDICAL CERTIFICATION

20. DATE OF DEATH <u>December 22, 1946, at 11:30</u>	
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>June 14, 1943</u> to <u>Dec. 22, 1946</u> and that I last saw him alive on <u>Dec. 22, 1946</u>	
Immediate cause of death <u>Cerebral hemorrhage</u>	DURATION <u>7 days</u>
Due to <u>Arteriosclerosis</u>	<u>15 yrs.</u>
Due to <u>Hypertension</u>	<u>15 yrs.</u>
Other conditions	
(Include pregnancy within 8 months of death)	

Major findings of operations	
Autopsy results	
PHYSICIAN: Please underline the cause to which death should be charged statistically.	
22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide	Date of
Where did injury occur? (City or town) (County) (State)	
Injured at home, farm, industry, public place (where?)	
Means of injury	Injured at work?
23. SIGNATURE <u>Dr. Prathar</u> M. D. or other <u>Hagerstown</u> Address Date signed <u>12/23/46</u>	



2-40

2-3030- 2-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 

## CERTIFICATE OF DEATH

12431

Reg. Dist. No. 3020

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 years  
 Hospital, institution, or street address where death occurred:  
Washington County Home  
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... Md. County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

James R. Clark

## 3. (b) Social Security Number

220-09-7705

4. Sex male 5. Color or race black 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) April 5, 1883

8. AGE: Years 63 Months 8 Days 12 It less than one day  
 ....hrs. ....min.

9. Birthplace... West Virginia  
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER 12. Name... Lee Clark

13. Birthplace... unknown

MOTHER 14. Maiden name... Benios (last name)

15. Birthplace... unknown

16. Informant... Fred Long

Address... Hagerstown, Md.

17. Burial... Burial Date thereof... Dec. 18, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Washington County Home

Location... Hagerstown, Md.

18. Funeral director... Scott F. Minnich & Son

Address... Hagerstown, Md.

19. Dec. 18, 1946 Ernest F. Poole  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Dec. 17, 1946 at 4:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 13, 1946 to Dec. 17, 1946  
 and that I last saw him alive on Dec. 16, 1946

Immediate cause of death..... DURATION.....

Chronic Myocarditis

Due to... Chronic Interstitial Nephritis

Due to... Lues -

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE... Ernest F. Poole M. D. or other

Address... Hagerstown Md. Date signed... 12/17/46

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MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore 1510  
CERTIFICATE OF DEATH

12432  
Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 1 day  
Hospital, institution, or street address where death occurred:  
Washington Co Hospital  
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Pa County Franklin  
City or town Greencastle  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 15 Carl ave  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3.(a) FULL NAME

Walter Harrison Clay

3.(b) Social Security Number

183-07-4156

4. Sex M 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Anna Clay

7. Birth date of deceased (mo., day, yr.) June 2. 1890

6.(c) If alive, give age 61 years

8. AGE: Years 56 Months 6 Days 14 It less than one day hrs. min.

9. Birthplace Antrim Twp Pa  
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Everett Co

12. Name James Clay

13. Birthplace Greencastle Pa

14. Maiden name Belle Bartle

15. Birthplace Antrim Twp Pa

16. Informant Mrs Anna Clay

Address Greencastle Pa

17. (Burial, cremation or removal. Which?) Buried Date thereof Dec. 19, 1946  
(month) (day) (year)

Cemetery or place of interment West Haver

Location Hagerstown Md.

18. Funeral director C.E. Munnich

Address Greencastle Pa

19. Dec. 18. 46 Registrar Chas H B

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1946 at 6:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/1 to 12/16 1946  
and that I last saw him alive on 12/16 1946

Immediate cause of death Arteriosclerotic Cardio-vascular  
renal disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Haver, M.D.

M. D. or other

Address Greencastle Pa. Date signed 12/17/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 12433 3050

### 1. PLACE OF DEATH:

County... Washington  
City or town... Rural Boonsboro, Md. R D 2  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Mt. Lena Road  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington  
City or town... Rural Boonsboro, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... Mt. Lena Road  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

George H. Coleman

### 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

### 6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1862

8. AGE: Years 84 Months 3 Days 2 If less than one day hrs. min.

9. Birthplace Washington County, Md.  
(Town, county, and state)

10. Usual occupation Laborer

### 11. Industry or business

FATHER 12. Name George H. Coleman

13. Birthplace Maryland

MOTHER 14. Maiden name Catherine Kauffman

15. Birthplace Maryland

16. Informant Russel Coleman  
Address 827 Md. Ave. - Hagerstown, Md.

17. Burial Date thereof Dec. 27-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Dec. 27, 1946 John H. Bost  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24, 1946 19 11:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19 and that I last saw him alive on 19

Immediate cause of death

### DURATION

Vascular Arterio sclerosis 15 yrs

Due to Ch. Myocarditis 104 yrs

Due to Acute ventricular fibrillation

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results N.O.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide N.O. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

S. Robert Wells DEPUTY MEDICAL EXAMINER

23. SIGNATURE WASH. CO., MD.

Hagerstown, Md. M.D. 12/27/46

Address Date signed

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

12434

Reg. Dist. No. 3010

1. PLACE OF DEATH: Washington  
 County Washington  
 City or town Williamsport  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 year & 6 months  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Williamsport  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 22 E. Potomac St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war no

## 3. (a) FULL NAME

Miss Nellie Cecelia Collins

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife none  
 7. Birth date of deceased (mo., day, yr.) May 28, 1864 B.(c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 82 Months 7 Days 1 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Harpers Ferry, W. Va.  
 (Town, county, and state)  
 10. Usual occupation Seamstress  
 11. Industry or business Sewing  
 12. Name Patrick Collins  
 13. Birthplace Ireland  
 14. Maiden name Jane O'Conner  
 15. Birthplace Ireland

16. Informant Mrs. Catherine Thompson  
 Address 22 E. Potomac St, Wmsport  
 17. burial Date thereof Dec 22, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Riverview Cemetery  
 Location Williamsport, Md.  
 18. Funeral director Edith V. Leaf  
 Address Williamsport, Md.

19. 12/21 46 Mrs C L M  
 (Date rec'd by registrar) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29/46 19\_\_\_\_ at 7P M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/29/46 19\_\_\_\_ to 12/29/46 19\_\_\_\_  
 and that I last saw him/her alive on 12/29/46 19\_\_\_\_  
 Immediate cause of death Coronary Occlusion  
 DURATION 1 Day  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_  
 23. SIGNATURE W. L. Thompson M. D. or other \_\_\_\_\_  
 Address Williamsport, Md. Date signed 12/29/46

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12435

## CERTIFICATE OF DEATH

Reg. Dist. No. 3026

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 1/2 Years  
 Hospital, institution, or street address where death occurred:  
 203 South Prospect St.  
 How long in hospital or institution? None

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 203 So Prospect St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... None

## 3. (a) FULL NAME

MRS HATTIE ELZADA COX

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow  
 6. (b) Name of husband or wife Edward  
 6. (c) If alive, give age - years  
 7. Birth date of deceased (mo., day, yr.) February 4 1869  
 8. AGE: Years 77 Months 10 Days 27 If less than one day hrs. min.

9. Birthplace Buffalo Erie Co., New York  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business Own home  
 12. Name Arthur Woods  
 13. Birthplace Buffalo N Y  
 14. Maiden name Velina Rose  
 15. Birthplace Tonawanda N Y

16. Informant Arthur W. Cox  
 Address Hagerstown Md.  
 17. Removal 12/31/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Forest Lawn Cemetery  
 Location Buffalo N Y  
 18. Funeral director Andrew K. Coffman  
 Address Hagerstown Md.

19. Dec. 30 1946 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1946 at 2:20 P  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945 - 1946, to Dec 29 - 1946  
 and that I last saw him alive on Dec 29, 1946 - 1946

Immediate cause of death  
 Arteriosclerosis (st.) -  
 Due to Arterial Occlusion Brain -  
 Due to Chronic Heart Disease -  
 Other conditions -

## DURATION

10 days

(Include pregnancy within 3 months of death)  
 Major findings of operations -  
 Date of op. -  
 Autopsy results -  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of -  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE Hattie Elzada Cox  
 Address Hagerstown Md. Date signed 12/30/46  
 M. D. or other

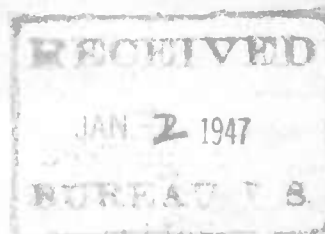
MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

*A. K. Coffman*



1-50



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

★ 12436020  
Reg. Dist. No.

### 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?

3 Days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Conococheague Md.  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural  
(If rural, give LOCATION)

2.(a) If veteran, name war.

### 3. (a) FULL NAME

Steward Marion Crim

### 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Henrietta Rose

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) June 7, 1878

8. AGE: Years 69 Months 6 Days 9 If less than one day..... hrs. .... min.

9. Birthplace Berkley County, West Virginia  
(Town, county, and state)

10. Usual occupation Retired Farmer

### 11. Industry or business

12. Name Jacob Coe Crim

13. Birthplace Berkley Co. West Virginia

14. Maiden name Sarah Elizabeth Steward

15. Birthplace Jefferson Co. West Virginia

16. Informant Mrs. Charles Barnard

Address Martinsburg, West Virginia.

17. Burial Date thereof Dec. 19, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rosedale Cemetery

Location Martinsburg West Virginia

18. Funeral director H. K. Brown

Address Martinsburg, West Virginia.

19. Dec. 18, 46 Chas. Brown  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16, 1946 at 4:35 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 3 1946 to Dec 16 1946 and that I last saw him alive on Dec 16 1946

Immediate cause of death Cerebral hemorrhage DURATION 2 weeks

Due to Hypertensive cardio-vascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D. Korman M.D. M. D. or other

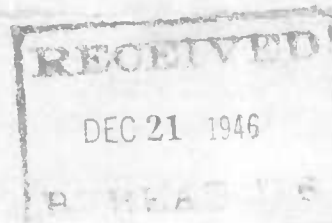
Address 100 Professional Bldg Hagerstown Md Date signed 18 Dec 46

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



DEC 21 1946

1-50

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Cohen

12586

Reg. Dist. No. 302-1037

1. PLACE OF DEATH:  
County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 Years  
Hospital, institution, or street address where death occurred:  
Layman Nursing Home  
How long in hospital or institution? 2 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 711 Forest Drive  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

3. (a) FULL NAME  
HARVEY CLINTON CUNNINGHAM

3. (b) Social Security Number  
None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Nellie Petrie  
6.(c) If alive, give age 68 years  
7. Birth date of deceased (mo., day, yr.) February 20, 1874  
8. AGE: Years 72 Months 9 Days 28 If less than one day --- hrs. --- min.

9. Birthplace Cearfoss, Washington Co./ Md.  
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Andrew Cunningham

13. Birthplace Cearfoss Md.

14. Maiden name Mary K. Hicks

15. Birthplace Cearfoss Md.

16. Informant Mrs. Nellie P. Cunningham

Address Hagerstown Md.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof 12/31/46  
(month) (day) (year)

Cemetery or crematory Brathern Cemetery

Location Ringold Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Dec. 21, 1946 (Date rec'd by registrar) Low M. Zepher Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1946 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 2, 1946 to DEC. 19, 1946 and that I last saw him alive on DEC. 16, 1946

Immediate cause of death ARTERIO SCLEROSIS GENERALIZED

DURATION

?

?

?

SENILITY  
MALNUTRITION

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. ....

Autopsy results Done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

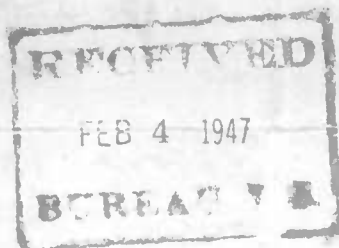
23. SIGNATURE Reelie Robert Cohen M. D. or Chas. P. Ford

Address Clear Spring Md. Date signed 12-20-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.



2-40

2-3030-2-10

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12437

Social Security# 219-01-7377

## 1. PLACE OF DEATH

County WashingtonVillage or City Knoxville (Rural)

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 19 yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard Lee DemoryIf U. S. Veteran, specify WAR None(a) Residence: No. Box 115, R.F.D. # 1, Knoxville

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Eva Catherine Grimm

6. DATE OF BIRTH (month, day, and year) Sept. 14, 1901

7. AGE	Years	Months	Days	if LESS than 1 day, ----- hrs. or ----- min.
<u>45</u>		<u>3</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Repairman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Fruit Growers Express Company

10. Date deceased last worked at this occupation (month and year) August 1946

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) Loudoun County  
(State or country) Virginia

13. NAME George Demory

14. BIRTHPLACE (city or town) Loudoun County  
(State or country) Virginia

15. MAIDEN NAME Lulu Belle Waters

16. BIRTHPLACE (city or town) Loudoun County  
(State or country) Virginia

17. INFORMANT Mrs. Eva Demory, Box 115,  
(Address) R.F.D. #1, Knoxville, Md.

18. BURIAL, CREMATION, OR REMOVAL  
Place Brownsville, Md. Date 12/21, 19 46

19. UNDERTAKER Melvin T. Strider  
(Address) Charles Town, W. Va.

20. FILED Dec 21, 19 46 Cornelia H. Castle  
Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH  
December 17, 19 46  
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from  
15 Sept 19 46 to 17 Dec 19 46

I last saw him alive on 17 Dec 19 46; death is said to have occurred on the date stated above, at 9 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Uremia due to malignant hypertension

Date of onset 15 Sept 46

Other Contributory Causes of Importance:

Cardiac failure 16 Dec 46

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify \_\_\_\_\_

(Signed) John H. Hoffman M. D.(Address) Demuth & Co.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
-------------------	--------------------

**Example II**

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
------------------------	---------------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2-3070-2-10



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12438

★ Reg. Dist. No. 3020

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 8 weeks  
 Hospital, institution, or street address where death occurred:  
Wash. Co. Hospital  
 How long in hospital or institution? 8 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Smithsburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. S. main st.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

Della Jane Detrow

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Charles Detrow  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) November - 2 - 1882  
 8. AGE: Years 64 Months 1 Days 8 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Mapleville Wash. Co. Md.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Silas E. Ealty

13. Birthplace Mapleville Wash. Co. Md.

14. Maiden name Mary E. Welty

15. Birthplace Beaver Creek Wash. Co. Md.

16. Informant Clarence Ealty

Address Boonsboro Md.

17. Burial Date thereof Dec. 12 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Boonsboro Cemetery

Location Boonsboro Md.

18. Funeral director Thos. J. East & Sons

Address Boonsboro Md.

19. Dec. 12, 46 Registrar Bless H. Reeves  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 11, 1946 at 3:15 p. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 24, 1946 to December 11, 1946  
 and that I last saw him alive on December 11, 1946

Immediate cause of death Cancer of uterus

## DURATION

1 year

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cachexia of malignancy

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. \_\_\_\_\_

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide 0 Date of \_\_\_\_\_

Where did injury occur? 0

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury 0 Injured at work? \_\_\_\_\_

23. SIGNATURE Dr. Norment mo

M. D. or other

Address Hagerstown Md. Date signed 12/12/46



RECEIVED

DEC 14 1946

BEREAD V S

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of year of birth is shown on G 108 1/2/47 is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of year of birth is shown on G 108 1/2/47

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

## CERTIFICATE OF DEATH

★ 12439

Reg. Dist. No. 3020

## 1. PLACE OF DEATH:

County WASHINGTON  
City or town HAGERSTOWN  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

9 NORTH POTOMAC ST.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County WASHINGTON

City or town HAGERSTOWN  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 9 N. POTOMAC ST.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

FRANK DUKE

## 3.(b) Social Security Number

4. Sex

MALE WHITE WIDOWED

5. Color or race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife EMMA K. DUKE

7. Birth date of deceased (mo., day, yr.)

? June 24 -1863 1864

6.(c) If alive, give age years

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>5</u>	<u>26</u>	.....hrs. ....min.

9. Birthplace CHAMBERSBURG, PA.  
(Town, county, and state)10. Usual occupation RETIRED BLACKSMITH11. Industry or business PENNSYLVANIA R.R.12. Name BENJAMIN DUKE13. Birthplace CHAMBERSBURG, PA.14. Maiden name MARGARET BOLES15. Birthplace CHAMBERSBURG, PA.16. Informant Mrs. Harlan ThumAddress 9 N. POTOMAC ST.17. BURIAL Date thereof DEC. 23, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory LINCOLN CEMETERYLocation CHAMBERSBURG, PA.16. Funeral director Robert A. SelgoAddress 297 Philadelphia Ave.19. Dec. 21, 1946 Registrar Charles H. Bowers  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH 20 Dec 1946, at 11:15 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 10 July 1946 to 20 Dec 1946  
and that I last saw him in alive on 20 Dec 1946

Immediate cause of death

Arterio-sclerotic Cardio-vascular disease with myocardial infarction

DURATION

unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. F. Lusk  
Address 230 N. Potomac Date signed 21 Dec 46

M. D. or other

RECEIVED

DEC 24 1946

BUREAU 73

1-50

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-B

## CERTIFICATE OF DEATH

D12440

Reg. Dist. No. 3020

### 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 38 Years  
Hospital, institution, or street address where death occurred:  
122 Broadway Ave.  
How long in hospital or institution? --

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 122 Broadway Ave.  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

### 3. (a) FULL NAME

MRS. HATTIE MONTGOMERY ELY

### 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife D Lincoln  
6.(c) If alive, give age 81 years  
7. Birth date of deceased (mo., day, yr.) September 6, 1887  
8. AGE: Year 79 Month 3 Day 5 If less than one day -- hr. -- min.

9. Birthplace Chambersburg Franklin Co. Pa.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name Sellers Montgomery  
13. Birthplace Chambersburg Pa.

MOTHER 14. Maiden name Mary Bineman  
15. Birthplace Chambersburg Pa.

16. Informant Mr. D Lincoln Ely  
Address Hagerstown Md.

17. Burial Date thereof 12/14/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Rest Haven Cemetery  
Location Hagerstown Md.

18. Funeral director Andrew K. Coffman  
Address Hagerstown Md.

19. Dec. 14 19 46 Blackthorners  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 11 19 46 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 5 19 46 to Dec. 11 19 46, and that I last saw him alive on December 11 19 46.

Immediate cause of death Cerebral thrombosis DURATION 6 days

Due to

Due to

Other conditions Arteriosclerosis & myocardial weakness  
(Include pregnancy within 8 months of death)

Major findings of operations No operation Date of op.

Autopsy results No autopsy  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

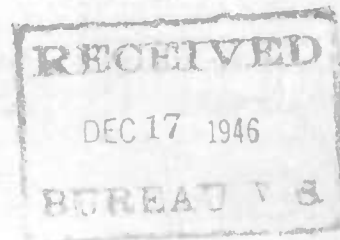
Means of injury Injured at work?

23. SIGNATURE Ra Bee M. D. or other  
Address Hagerstown Md. Date signed 12/14/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(170-2)

## CERTIFICATE OF DEATH

Reg. Dist. No.

12441

3071

## 1. PLACE OF DEATH:

County Washington  
 City or town Rural Knoxville Rt # 67  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State West Virginia County Jefferson  
 City or town Shepherdstown  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Charles Butler Fraley

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Memura Edwards

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.)

June 7 1885

8. AGE:

61

Years

6

Months

21

Days

If less than one day

hrs.min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Auto Mechanic

11. Industry or business

FATHER

12. Name

David Fraley

13. Birthplace

Maryland

MOTHER

14. Maiden name

Susan Flook

15. Birthplace

Maryland

18. Informant

Harry M. Fraley

Address

Halltown West Virginia

17. (Burial, cremation, or removal, which?)

Date thereof

Dec 31 1946

Cemetery or crematory

Eden Wood

Location

Shepherdstown West Virginia

18. Funeral director

C. H. Feste & Bros

Address

Brunswick Md

19. (Date rec'd by registrar)

19

Dec 30 1946Cornelia N. Basile

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 28 46

19

P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 28 46Dec 28 46

and that I last saw him on

Dec 28 46

19

Immediate cause of death

Shock following

DURATION

Due to

Fracture of left leg  
Fracture curved ribcagecardiac  
death

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident12/28/46

Where did injury occur?

11 miles from Rt 40

(City or town)

Public Highway

Injured at home, farm, industry, public place (where?)

Means of injury

Struck by auto

Injured at work?

23. SIGNATURE

H. W. Otto Jr

Address

Shepherdstown

Date signed

1/4/47

RECEIVED

JAN 6 1947

BUREAU V B

2-40

2-3070 ————— 2-10



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

## CERTIFICATE OF DEATH

Dr. Lusby

12442

97

Reg. Dist. No. 3030

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 15 Years  
 Hospital, institution, or street address where death occurred:  
441 West Antietam St.  
 How long in hospital or institution? None

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 441 West Antietam St.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

## 3. (a) FULL NAME

CHARLES HOTT GABE

## 3. (b) Social Security Number

214-09-3125

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Anna M.  
 6. (c) If alive, give age 66 years  
 7. Birth data of deceased (mo., day, yr.) January 15 1882  
 8. AGE: Years 64 Months 10 Days 25 It less than one day hrs. min.

9. Birthplace Boonsboro Wash. Co. Md.  
 (Town, county, and state)  
 10. Usual occupation Loom Fixer  
 11. Industry or business Southern Ribbon Co.  
 12. Name Charles A. Gabe  
 13. Birthplace Boonsboro Md.  
 14. Maiden name Lucinda M. Dannerr  
 15. Birthplace Boonsboro Md.

18. Informant Charles A. Gabe  
 Address Hagerstown Md.  
 17. Burial Rest Haven cemetery  
 (Burial, cremation, or removal. Which?) Hagerstown Md.  
 Date thereof 12/12/46  
 (month) (day) (year)  
 Location Andrew K. Coffman  
 18. Funeral director Hagerstown Md.  
 Address

19. Dec. 11. 46  
 (Date rec'd by registrar) Chas. H. Bowers  
 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 10 1946 19 46 at 2 A M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 Sept. 19 46 to 10 Dec. 19 46  
 and that I last saw him alive on 9 Dec. 19 46

Immediate cause of death Carcinoma Caecum  
 DURATION Unknown

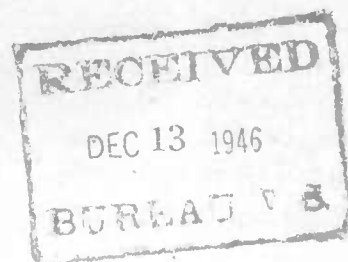
Due to.....  
 Due to.....  
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations Nil Date of op. ....  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE Dr. J. H. Lusby M. D. Chas. H. Bowers  
 Address 230 N. Potomac Date signed 11 Dec 46



1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

## CERTIFICATE OF DEATH

12443

Reg. Dist. No. 3050

<b>1. PLACE OF DEATH:</b> County <u>Washington</u> City or town <u>Rural Boonsboro, Md.</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>9 years</u> Hospital, institution, or street address where death occurred: <u>Fahrney Memorial Home</u> How long in hospital or institution? <u>9 years</u>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Washington</u> City or town <u>Rural Boonsboro, Md.</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>Mapleville Rd.</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
<b>3.(a) FULL NAME</b> <u>Clara C. Garry</u>				<b>3.(b) Social Security Number</b> <u>None</u>			
<b>4. Sex</b> <u>Female</u>		<b>5. Color or race</b> <u>White</u>		<b>6.(a) Single, married, widowed, or divorced</b> <u>Single</u>		<b>MEDICAL CERTIFICATION</b>	
<b>6.(b) Name of husband or wife</b> .....						<b>2D. DATE OF DEATH</b> <u>Dec. 12, 1946</u> at <u>6</u> A.M.	
<b>6.(c) If alive, give age</b> ..... years						<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>Dec. 12</u> 19 <u>46</u> to <u>Dec. 12</u> 19 <u>46</u> and that I last saw him alive on <u>Dec. 12</u> 19 <u>46</u>	
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>September 9, 1862</u>						<b>Immediate cause of death</b> ..... <u>Chronic Myocarditis -</u>	
<b>8. AGE:</b> Years <u>84</u> Months <u>3</u> Days <u>3</u> It less than one day .... hrs. .... min.		<b>9. Birthplace</b> <u>Franklin County, Pa.</u> (Town, county, and state) <u>Home Duties</u>		<b>10. Usual occupation</b> .....		<b>DURATION</b> <u>10 yrs.</u>	
<b>11. Industry or business</b> .....						<b>Due to</b> .....	
<b>12. Name</b> <u>Michael M. Garry</u>						<b>Due to</b> .....	
<b>13. Birthplace</b> <u>Maryland</u>						<b>Other conditions</b> .....	
<b>14. Maiden name</b> <u>Catherine Dare</u>						(Include pregnancy within 3 months of death)	
<b>15. Birthplace</b> <u>Frederick County, Md.</u>						<b>Major findings of operations</b> .....	
<b>16. Informant</b> <u>Ralph M. Phillips</u>						<b>Date of op.</b> .....	
<b>Address</b> <u>801 Pennsylvania Ave- Hagerstown, Md.</u>						<b>Autopsy results</b> .....	
<b>17. Burial</b> <u>Dec. 15-46</u> Date thereof <u>Dec. 15-46</u> (Burial, cremation, or removal. Which?) (month) (day) (year) <u>Lutheran Cemetery</u> <b>Cemetery or crematory</b> <u>Sylvan, Pa.</u> <b>Location</b>						<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>	
<b>18. Funeral director</b> <u>Fred W. Kraiss</u>						<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>	
<b>Address</b> <u>Hagerstown, Md.</u>						Accident, suicide, or homicide..... Date of.....	
<b>19. Dec. 15, 1946</b> John L. Cox Registrar						Where did injury occur? (City or town) (County) (State)	
<b>20. Dec. 15, 1946</b> John L. Cox Registrar						Injured at home, farm, industry, public place (where?).....	
<b>21. Dec. 15, 1946</b> John L. Cox Registrar						Means of injury..... Injured at work?.....	
<b>22. Dec. 15, 1946</b> John L. Cox Registrar						<b>23. SIGNATURE</b> <u>John L. Cox</u> M. D.	
<b>23. Dec. 15, 1946</b> John L. Cox Registrar						<b>Address</b> <u>Boonsboro</u> Date signed <u>12/13/46</u>	

RECEIVED

DEC 20 1946

BUREAU V B

1-50

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

## CERTIFICATE OF DEATH

12444

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Friendstown 'Rural'  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 17 years  
 Hospital, institution, or street address where death occurred:  
Hagerstown P.O. 3  
 How long in hospital or institution? at home

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Washington  
 City or town... Friendstown - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... Hagerstown Md. P.O. 3  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... none

## 3. (a) FULL NAME

Bessie Naomi Gaver

## 3. (b) Social Security Number

none

4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced

Female White married6.(b) Name of husband or wife Herman Gaver

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April - 12 - 19108. AGE: Years Months Days If less than one day  
36 8 7 hrs. min.9. Birthplace Beaver Creek Wash. Co. Md.  
(Town, county, and state)10. Usual occupation House wife11. Industry or business Own home12. Name Jacob Ford13. Birthplace Fred. Co. Md.14. Maiden name Effie Cuffman15. Birthplace Fred. Co. Md.16. Informant Herman GaverAddress Hagerstown Md. P.O. 317. Burial Date thereof December 22, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Boonsboro CemeteryLocation Boonsboro Md.18. Funeral director Wm J. Bast & SonsAddress Boonsboro Md.19. Dec. 20, 1946 Registrar Heath Bowers

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18-46 at 6:00 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-1-46 to 12-18-46 and that I last saw alive on 12-18-46

Immediate cause of death

Cerebral Hemorrhage DURATION 10 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. E. White M. D. or otherAddress Hagerstown Md. Date signed 12/20/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

Dr. DTS

RECEIVED

DEC 23 1946

BUREAU V. C.

1-50

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (102)

## CERTIFICATE OF DEATH

12445  
Reg. Dist. No. 3050

## 1. PLACE OF DEATH:

County WashingtonCity or town Bonnsboro  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

n. main St.How long in hospital or institution? at home

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Bonnsboro  
(If outside city or town limits, write RURAL and give nearest town)Street No. n. main St.  
(If rural, give LOCATION)2.(a) If veteran, name war none

## 3. (a) FULL NAME

Charles C Green

## 3. (b) Social Security Number

212-24-2979

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married6. (b) Name of husband or wife Anna Green

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) August 22 - 18808. AGE: Years Months Days If less than one day  
66 3 29 \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace near Bonnsboro Wash. Co. Md.  
(Town, county, and state)10. Usual occupation Retired Worker11. Industry or business in Auning & Wether Ship Co.12. Name Charles M. Green13. Birthplace Wash. Co. Md.14. Maiden name Mary Lapole15. Birthplace Wash. Co. Md.16. Informant Mrs. Anna GreenAddress Bonnsboro Md.17. Burial - Date thereof Dec. 24, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Bonnsboro MausoleumLocation Bonnsboro Md.18. Funeral director W. J. Best & SonsAddress Bonnsboro Md.Dec. 23, 1946 John L. Best  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1946 at 10 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Dec. 28 1946, to Dec. 21 1946.and that I last saw him alive on Dec. 21 1946.Immediate cause of death Arterial Hypertension

## DURATION

23 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Shirley Wade M. A.

M. D. or other

Address Bonnsboro Md. Date signed 12/23/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

DEC 27 1946

BUREAU V B.

1-50

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

12446

## CERTIFICATE OF DEATH

Reg. Diat. No. 3020

## 1. PLACE OF DEATH:

County Washington  
 City or town Junkstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 year  
 Hospital, institution, or street address where death occurred:  
Hell Road  
 How long in hospital or institution? at Home

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Junkstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Hell Road  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

## 3. (a) FULL NAME

Howard S. Grossnickle

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife Maggie Essad Grossnickle  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) July - 26 - 1875  
 8. AGE: Years 71 Months 4 Days 12 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace near Mapleville Wash. Co. Md.  
(Town, county, and state)10. Usual occupation Retired Farmer

## 11. Industry or business

FATHER 12. Name Joseph D. Grossnickle  
 13. Birthplace near Mapleville Wash. Co. Md.  
 MOTHER 14. Maiden name Emma Stauffer  
 15. Birthplace MS Connelleshurg Penna.

16. Informant Mrs. Maggie Grossnickle  
 Address Junkstown Md.

17. Burial Date thereof Dec. 11, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Church of the Brethren Cemetery  
Beaver Creek Md.  
 Location

18. Funeral director Wm. J. Best & Son  
 Address Bonniebrook Md.

19. Dec. 10, 1946 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1946 at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 1946 to Dec 8 1946  
 and that I last saw him alive on Dec 8 1946

Immediate cause of death Coronary Thrombosis DURATION 2 mos.  
Arterio-sclerotic heart disease

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Sidney Hovestetter M.D. M. D. or other  
Junkstown Md. Address Date signed 12-9-46

RECEIVED  
DEC 12 1945  
BUREAU OF

1-58

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-1)

## CERTIFICATE OF DEATH

12447

Reg. Dist. No. 3020

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
827 Oak Hill Avenue  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 827 Oak Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Maud I. Hickman

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) September 4, 1884  
 6. (c) If alive, give age..... years

8. AGE: Years 62 Months 3 Days 15 If less than one day  
 ..... hrs. .... min.

9. Birthplace Hagerstown, Wash. Co. Md.  
 (Town, county, and state)

10. Usual occupation Housework

## 11. Industry or business

12. Name John C. Hickman

13. Birthplace Loudon Co. Va.

14. Maiden name Louise I. Gardner

15. Birthplace Clearspring, Maryland

16. Informant Miss Edna Hickman

Address Hagerstown, Maryland

17. Burial Date thereof 12-21-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

C. M. Suter & Sons

18. Funeral director

Address Hagerstown, Maryland

19. Dec. 21, 46 Blair H. Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH 19 Dec 19 46 at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10 Apr 19 46 to 19 Dec 19 46  
 and that I last saw him alive on 17 Dec 19 46

Immediate cause of death

Arterio sclerotic Cardio Vascular disease with sided heart failure

DURATION

weeks

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE J. J. Lusk M. D. or other

Address 2300 P. Ave Date signed 20 Dec 46

RECEIVED

DEC 24 1946

BUREAU 8

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. We do not expect age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Prather

12448

Reg. Dist. No. 3020

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 26 Years  
 Hospital, institution, or street address where death occurred:  
350 N. Cannon Ave.

How long in hospital or institution? --

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 350 Cannon Ave.  
 (If rural, give LOCATION)  
 2(a) If veteran, name war None

## 3. (a) FULL NAME

SAMUEL C. HOSE

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Enna Hose

6. (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) September 26, 1863

8. AGE: Year 83 Months 2 Days 16 If less than one day -- hr. -- min.

9. Birthplace Hagerstown Washington Co., Md.  
 (Town, county, and state)

10. Usual occupation Shoe Maker

11. Industry or business Own Employer

FATHER 12. Name Henry Hose

13. Birthplace Hagerstown Md.

MOTHER 14. Maiden name Mary Burkhardt

15. Birthplace Hagerstown Md.

16. Informant Mrs. Anna Sparrow

Address Hagerstown Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof 12/14/46  
 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Dec. 13, 46 Phaeth Boward  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 12, 1946 at 12:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 12 to Dec 12 and that I last saw him alive on Dec 12

Immediate cause of death Myocardial infarction DURATION 6 hrs

Due to chronic myocarditis 3 yrs

Due to hypertension 10 yrs

Other conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations --

Autopsy results --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide -- Date of --

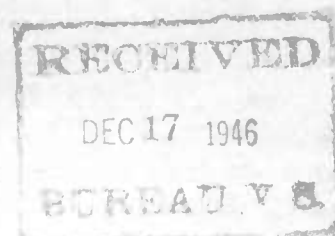
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury -- Injured at work?

23. SIGNATURE Dr. Prather M. D. other

Address Hagerstown, Md. Date signed Dec 13, 46



1-50



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

## CERTIFICATE OF DEATH

12449

Reg. Dist. No. 3050

## 1. PLACE OF DEATH:

County WashingtonCity or town Mapleville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 26 years

Hospital, institution, or street address where death occurred:

Main St.How long in hospital or institution? at home

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Mapleville  
(If outside city or town limits, write RURAL and give nearest town)Street No. Main St.

(If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (a) FULL NAME

Oscar Roy Hought

## 3. (b) Social Security Number

220-09-7312

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Beatrice Hought6. (c) If alive, give age 19 years7. Birth date of deceased (mo., day, yr.) November 30 - 1891

8. AGE: Years Months Days If less than one day

55 0 16 hrs. min.9. Birthplace Mt. Lena Wash. Co. Md.

(Town, county, and state)

10. Usual occupation Electrician11. Industry or business Fairchild Aircraft Corp.12. Name Cornelius Hought13. Birthplace Mt. Lena Wash. Co. Md.14. Maiden name Amanda Stottlenger15. Birthplace Mt. Lena Wash. Co. Md.16. Informant Mrs. Beatrice HoughtAddress Mapleville Md.17. Burial Date there Dec. 18, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Church of the Brethren CemeteryLocation Beaver Creek Md.18. Funeral director Wm J. Bast & SonsAddress Brownsville Md.19. Dec. 17, 1946 John H. Bast

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16, 1946 at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw him... alive on 19...

Immediate cause of death

Ctr. myocardial heart disease

Due to

Acute alcoholic narcosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Robert S. Wells Exan. Wash. Co. Md.Address Hagerstown Md. Date signed Dec 17/46

M. D. or

Address

Date signed

Address

Date signed

Address

Date signed

Address

Date signed

Address

Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 20 1946

BUREAU 18

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

## CERTIFICATE OF DEATH

12450

Reg. Dist. No. 3050

## 1. PLACE OF DEATH:

County... WashingtonCity or town... Bonabro  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

St. Paul St.  
How long in hospital or institution? at home

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... WashingtonCity or town... Bonabro  
(If outside city or town limits, write RURAL and give nearest town)Street No. St. Paul St.  
(If rural, give LOCATION)2.(a) If veteran, name war... none

## 3. (a) FULL NAME

William Alvey Ithure4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife... Fannie Ithure

6.(c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) September - 11 - 18628. AGE: Years 84 Months 2 Days 26 If less than one day... hrs. ... min.9. Birthplace Bonabro Wash. Co. Md.  
(Town, county, and state)10. Usual occupation Retired wood worker11. Industry or business 7 furniture factory12. Name Daniel Ithure13. Birthplace Bonabro Wash. Co. Md.14. Maiden name Susan Dethrow15. Birthplace Bonabro Wash. Co. Md.16. Informant Mrs. Joseph ClapperAddress Bonabro Md.17. Buried Date thereof Dec. 10, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Bonabro CemeteryLocation Bonabro Md.18. Funeral director Chas. D. Baer & SonsAddress Bonabro Md.19. Dec. 10 - 1946 John H. Baer Registrar  
(Date rec'd by registrar)

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH... December 7<sup>th</sup> 19 46 at 11:40 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 28<sup>th</sup> 19 46 to Dec. 7<sup>th</sup> 19 46and that I last saw him alive on Dec. 7<sup>th</sup> 19 46Immediate cause of death Coronary ThrombosisDURATION 9 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John H. Baer M. D. or otherAddress Bonabro Md. Date signed 12/9/46

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DEC 13 1946  
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (572)

## CERTIFICATE OF DEATH

12451

Reg. Dist. No. 3120

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? life  
 Hospital, institution, or street address where death occurred:  
434 George St.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 434 George St.  
 (If rural, give LOCATION)  
 2(a) If veteran, name war

## 3. (a) FULL NAME

Shirley Ann Jones

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
 6. (b) Name of husband or wife  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Sept. 1, 1945  
 8. AGE: Years 1 Months 3 Days 18 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Hagerstown, Wash. Co. Md.  
 (Town, county, and state)  
 10. Usual occupation Infant

## 11. Industry or business

FATHER 12. Name George W. Jones  
 13. Birthplace Hagerstown, Md.  
 MOTHER 14. Maiden name Francis E. Davis  
 15. Birthplace Highfield, Md.

16. Informant George W. Jones  
 Address 434 George St. Hagerstown, Md.

17. Burial Burial Date thereof Dec. 18, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rose Hill Cemetery  
 Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss  
 Address Hagerstown, Md.

19. Dec. 18, 1946 Chas. H. Bowser  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15, 1946 19 1:15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
December 14, 1946 to Dec. 15, 1946  
 and that I last saw h. er alive on Dec. 14, 1946

Immediate cause of death Spina Bifida  
meningocoele DURATION 15mo.

Due to

Due to

Other conditions rupture of meningocoele 24 hr.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

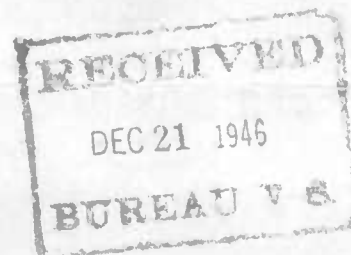
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. H. Bowser M. D. or other

Address 148 W. Washington St. Date signed 12/17/46



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Wrota

87

12452

Reg. Dist. No. 502 0

## 1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 Days

Hospital, institution, or street address where death occurred:

Washington County Hosp.How long in hospital or institution? 3 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 530 N. Mulberry  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

MRS. ETHEL MAY KARN

## 3. (b) Social Security Number

214-09-0713

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed6. (b) Name of husband or wife Hubert M.6. (c) If alive, give age -- years7. Birth date of deceased (mo., day, yr.) December 25, 18938. AGE: Years Months Days If less than one day  
52 11 6 -- hrs. -- min.9. Birthplace Luray, Paige Co. Virginia  
(Town, county, and state)10. Usual occupation Clerk11. Industry or business Anderson Dry Cleaning Co.12. Name Martin Luther Strole13. Birthplace Luray Va.14. Maiden name Ella Foltz15. Birthplace Newport Va.16. Informant Mrs. Katherine SolomonAddress Hagerstown Md.17. Burial Date thereof 12/3/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Dec 2, 46 Chas H Bowers  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1946 at 10 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 9 1946 to Dec 1 1946  
and that I last saw him alive on Dec 1, 1946

Immediate cause of death

Shock

DURATION

Due to Post operative  
(Radical mastectomy 11/30/46)

Due to

Other conditions Carcinoma of breast

(Include pregnancy within 8 months of death)

Major findings of operations Carcinoma breast, etc.

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Proctor T. Smith M. D. rec'd  
Address Hagerstown, Md. Date signed 12/2/46



RECEIVED  
DEC 4 1946  
BUREAU 18

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B2)

## CERTIFICATE OF DEATH

Dr. Hornbaker

12453

Reg. Dist. No. 3020

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 Years  
 Hospital, institution, or street address where death occurred:  
50 Hill Crest Ave  
 How long in hospital or institution? None

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 50 Hill Crest Ave  
 (If rural, give LOCATION)  
 2.(a) Is veteran, name war None

## 3. (a) FULL NAME

CHARLES EDWARD KEEDY

## 3. (b) Social Security Number

214-14-6931

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Carrue Poole  
 6.(c) If alive, give age 60 years  
 7. Birth date of deceased (mo., day, yr.) February 3 1870  
 8. AGE: Years 76 Months 10 Days 25 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Eakles Mills Wash. Co. Md.  
 (Town, county, and state)  
 10. Usual occupation Branch Manager  
 11. Industry or business Paper Products Co.  
 12. Name Jos Edw. Keedy  
 13. Birthplace Eakles Mills Md.  
 14. Maiden name Sophia Clopper  
 15. Birthplace Eakles Mills Md.

16. Informant Mrs. Carrie Keedy  
 Address Hagerstown Md.  
 17. Burial Date thereof 12/31/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Fairview cemetery  
 Location Keedysville Md.  
 18. Funeral director Andrew K. Coffman  
 Address Hagerstown Md.

19. Dec. 30. 19 46 Chas. H. Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1946, at 8 P.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/1/1940 to 12/28 1946  
 and that I last saw him live alive on 12/28/46

Immediate cause of death Ventricular fibrillation  
 Due to hypertension - arteriosclerotic  
Cardiovascular Disease  
 Due to Chronic  
dumbness  
unknown  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Dr. Hornbaker  
 M. D. or other \_\_\_\_\_  
 Address 154 W. Wash. St. Date signed 1/30/46  
Hagerstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 100-6

CERTIFICATE OF DEATH

12454  
Reg. Dist. No. 3020

1. PLACE OF DEATH: Washington  
County.....  
City or town..... Rural Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... 34 years  
Hospital, institution, or street address where death occurred:  
Hagerstown Rt. 4  
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State..... Maryland County..... Washington  
City or town..... Rural Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No..... Route 4  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

3. (a) FULL NAME

Anna H. Keener

3. (b) Social Security Number

4. Sex..... Female  
5. Color or race..... White  
6. (a) Single, married, widowed, or divorced..... Married  
6. (b) Name of husband or wife..... Aaron D. Keener  
6. (c) If alive, give age..... 60 years  
7. Birth date of deceased (mo., day, yr.)..... August 25, 1888

8. AGE: Years..... 58 Months..... 3 Days..... 14  
If less than one day..... hrs. .... min.

9. Birthplace..... Near Hagerstown Wash. Md.  
(Town, county, and state)  
10. Usual occupation..... House Wife  
11. Industry or business..... Own Home

FATHER 12. Name..... John W. Martin  
13. Birthplace..... Lancaster Co. Pa.

MOTHER 14. Maiden name..... Ammanda Horst  
15. Birthplace..... Near Chambersburg Pa.

16. Informant..... Mr. Aaron D. Keener  
Address..... Hagerstown Rt. 4

17. Burial..... 12-12-46  
(Burial, cremation, or removal. Which?) Date thereof.....  
(month) (day) (year)  
Cemetery or crematory..... Rieff's  
Location..... Near Cearfoss Md.

18. Funeral director..... Scott F. Minnich & Son  
Address..... Hagerstown Md.

19. Dec. 12 19 46  
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 9 19 46 at 11:15p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Nov 27 19 46, to Dec. 9 19 46  
and that I last saw h..... Dec 9 19 46  
er..... alive on.....

Immediate cause of death..... Pulmonary Embolus DURATION..... Sudden

Due to..... Thrombo Phlebitis  
deep veins rt. leg 15 days  
Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... O. H. Binkley M.D.  
M.D. or other

Address..... Hagerstown Md. Date signed..... 12/10/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-5M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 14 1946

BUREAU 18

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

## CERTIFICATE OF DEATH

Hirshman 12455

★ Reg. Dist. No. 3030

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 Week  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 1 Week

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Williamsport R # 2  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Pinesburg Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

Mrs. Elsie Mae Bachtell Kershner

## 3. (b) Social Security Number

217-18-7742

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Franklin Howard5. (c) If alive, give age 76 years

## 7. Birth date of deceased (mo., day, yr.)

May 12 1885

## 8. AGE:

Years 61Months 7Days 17If less than one day  
hrs. min.

## 9. Birthplace

Missouri

(Town, county, and state)

## 10. Usual occupation

Supervisor

## 11. Industry or business

Restaurant

FATHER

## 12. Name

Daniel Stuart Bachtell

## 13. Birthplace

Cavetown Md.

MOTHER

## 14. Maiden name

Margaret Souders

## 15. Birthplace

Missouri

## 16. Informant

Mrs. Thelma Neikirk

## Address

Hagerstown Md. R # 2

## 17.

Burial

Date thereon

12/31/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

Rest Haven Cemetery

## Location

Hagerstown Md.

## 18. Funeral director

Andrew K. Coffman

## Address

Hagerstown Md.

## 19.

Dec. 30, 1946  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1946 11.58 AM

21. CERTIFY that death occurred on the date above stated; that it attended deceased from

Aug 26 1946 to Dec 28 1946  
 and that I last saw him Dec 28 alive on Dec 28

## Immediate cause of death

Coronary Occlusion  
Pulmonary Embolism  
Arteriosclerotic Heart Disease

## DURATION

DURATION

1 wk  
1 wk

## Due to

## Other conditions

Diabetes mellitus  
Bronchopneumonia

(Include pregnancy within 3 months of death)

## Major findings of operations

## Autopsy results

Myocardial infarct Date of op. 12/31/46  
Pulmonary infarct  
Bronchopneumonia

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

Phyllis J. Kershner  
1594 W. 9th St

M. D. or other

Address

Date signed

12/30/46

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

## CERTIFICATE OF DEATH

Reg. Dist. No. 3020

### 1. PLACE OF DEATH:

County WASHINGTON  
City or town HAGERSTOWN  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 35 YRS.  
Hospital, institution, or street address where death occurred:  
WASHINGTON COUNTY HOSPITAL  
How long in hospital or institution? D. O. A.

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State MARYLAND County WASHINGTON  
City or town HAGERSTOWN  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 231 JEFFERSON ST.  
(If rural, give LOCATION)  
2.(a) If veteran, name war NON-VET.

### 3. (a) FULL NAME

HARRY EUGENE KNODE

### 3. (b) Social Security Number

NONE 212-14-7041

4. Sex MALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced WIDOWED

6. (b) Name of husband or wife LUNA E. BERSHEARS  
6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) JULY 26, 1872

8. AGE: Years 74 Months 4 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace SHARPSBURG, MD.  
(Town, county, and state)

10. Usual occupation RETIRED

11. Industry or business CONSTRUCTION

12. Name DAVID KNODE

13. Birthplace SHARPSBURG, MD.

14. Maiden name ELANORE MYERS

15. Birthplace SHARPSBURG, MD.

16. Informant Mary E. Wolfhill Daughter

Address 231 Jefferson St.

17. Burial Date thereof 12/27/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mountain View

Location Sharpsburg, Md.

18. Funeral director Woodford T. Normant

Address Hagerstown, Md.

19. See 21. 19 46 Chas. Bowers  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 12/19/46 19 \_\_\_\_\_ at 7:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-1-46 to 12-19-46

and that I last saw him alive on 12/16/46

Immediate cause of death Coronary Arteriosclerosis DURATION 12 mos.

Due to \_\_\_\_\_

Due to Myocardial Infarction 10 yrs.

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE John Bowers M. D. or other \_\_\_\_\_

Address Hagerstown, Md. Date signed 12/19/46

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 24 1945

BUREAU 78

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B2)

## CERTIFICATE OF DEATH

Dr. Wells

12457  
3030

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Found Dead In Rose Hill Cemetery  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Cor. Preston Rd. & Fountain Head Rd.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war N no

## 3. (a) FULL NAME

Mrs. Jane Hoffman Lakin

## 3. (b) Social Security Number

215-26-2103

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife E. Aldine

7. Birth date of deceased (mo., day, yr.) November 13, 1896  
 6. (c) If alive, give age 53 years

8. AGE: Years 50 Months 1 Days 9 If less than one day  
 hrs. min.

9. Birthplace Hagerstown, Washington Co. Md.  
 (Town, county, and state)

10. Usual occupation House Wife11. Industry or business Own Home12. Name C. Knobe Hoffman13. Birthplace Funkstown, Maryland14. Maiden name Bessie M. Sechrest15. Birthplace Ringgold, Maryland16. Informant E. Aldine LakinAddress Hagerstown, Md.17. Burial Date thereof Dec. 24, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven CemeteryLocation Hagerstown, Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown, Md.19. Dec. 24, 1946 Registrar Chas. H. Bowers

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 22, 1946, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw him... alive on 19...

Immediate cause of death

Acute cerebral hemorrhage

Due to

Chronic hypertension 1 yr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

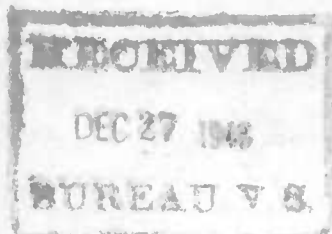
Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Robert S. Wells Deputy Medical ExaminerAddress Hagerstown, Md. Date signed 12/23/46



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 3050

### 1. PLACE OF DEATH:

County Washington

City or town Breathedsville, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? from 10/3/46

Hospital, institution, or street address where death occurred:

Md. State Reformatory for Males

How long in hospital or institution? from 10/3/46

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County ---

City or town Baltimore, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 804 N. Gilmor St.

(If rural, give LOCATION)

2.(a) If veteran, name war no

### 3. (a) FULL NAME

RUDOLPH Eley Leake

### 3. (b) Social Security Number

unknown

4. Sex male 5. Color or race negro 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife none

7. Birth date of deceased (mo., day, yr.) 9/27/27 6.(c) If alive, give age --- years

8. AGE: Years 19 Months 2 Days 22 If less than one day --- hrs. --- min.

9. Birthplace Asbury Park, N. J.  
(Town, county, and state)

10. Usual occupation laborer

11. Industry or business ---

12. Name unknown

13. Birthplace unknown

14. Maiden name Mrs. Samuel Greschen

15. Birthplace unknown

16. Informant Md. State Reformatory for Males

Address Breathedsville, Md.

17. Burial Date thereof 12/23/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Dec. 22 19 46 John H. Best  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 19 46 at 9:00P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 19 46 to Dec. 19 19 46 and that I last saw him alive on Dec. 19 19 46

Immediate cause of death Pulmonary Tuberculosis DURATION 9 mo.

Due to ---

Due to ---

Other conditions ---

(Include pregnancy within 3 months of death)

Major findings of operations ---

Date of op. ---

Autopsy results ---

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of ---

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ---

Means of Injury --- Injured at work? ---

23. SIGNATURE Robert P. Conrad, M.D.

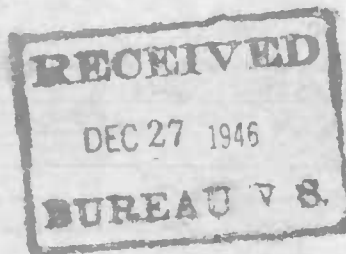
M. D. or other

Address Hagerstown, Md. Date signed 12-21-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-50

*Heck's Summary*  
*See Page #9 1/47 cc*



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12459

Reg. Dist. No. 3050

### 1. PLACE OF DEATH:

County Washington  
City or town Spilman Station Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 6 years  
Hospital, institution, or street address where death occurred:  
Fairplay Md. R.O.  
How long in hospital or institution? at home

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
City or town Spilman Station Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Fairplay Md. P.O.  
(If rural, give LOCATION)  
2. (a) If veteran, name war none

### 3. (a) FULL NAME

Bessie May Long

### 3. (b) Social Security Number

none

4. Sex Female 5. Color or race white 6. (a) Single, married, or divorced married

6. (b) Name of husband or wife Guy M. Long

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February - 12 - 1887

8. AGE: Years 59 Months 9 Days 23 If less than one day hrs. min.

9. Birthplace Falling Waters W. Va.  
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own home

12. Name George Cox

13. Birthplace West Virginia

14. Maiden name Adelia

15. Birthplace West Virginia

16. Informant Guy M. Long

Address Fairplay Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Dec. 7, 1946  
(month) (day) (year)

Cemetery or crematory Manor Cemetery

Location near Tilghmanston Md.

18. Funeral director Wm. H. Best & Sons

Address Boonsboro Md.

19. Dec. 6 1946 John H. Best  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1946 2:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 29 1946 to Dec 5 1946 and that I last saw Dec 2 1946 alive

Immediate cause of death Cerebral hemorrhage DURATION 7 days

Due to arteriosclerosis

hypertension 5 yrs +

Due to chronic bronchitis

Other conditions emphysema

(Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide none Date of Dec 5

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter H. Shady M.D.

Address Shirlington Md. Date signed 12/6/46

M. D. or other

Address Shirlington Md. Date signed 12/6/46

Address Shirlington Md. Date signed 12/6/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Shady



RECEIVED  
DEC 9 1945  
BUREAU V.B.

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

## CERTIFICATE OF DEATH

12460

35

Reg. Dist. No.

3040

## 1. PLACE OF DEATH:

County WashingtonCity or town Hancock  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hancock  
(If outside city or town limits, write RURAL and give nearest town)Street No. —  
(If rural, give LOCATION)2.(a) If veteran, name war —

## 3. (a) FULL NAME

John W. Long

## 3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male Colored Married

6. (b) Name of husband or wife Josephine Carter LongB. (c) If alive, give age UNKNOWN years7. Birth date of deceased (mo., day, yr.) — — 18598. AGE: Years Months Days If less than one day  
87 — — — hrs. — min.9. Birthplace Washington Co., Md.  
(Town, county, and state)10. Usual occupation Laborer11. Industry or business —12. Name Joseph Long13. Birthplace UNKNOWN14. Maiden name Kitty Younker15. Birthplace UNKNOWN16. Informant Mrs. Etta SmithAddress Hancock, Md.17. Burial Date thereof Dec 13, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Riverview CemeteryLocation Hancock Md.18. Funeral director Charles R. BastAddress Hancock Md.19. 12/13/46 19 1946  
(Date rec'd by registrar) Registrar J. D. Veller

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12-11 19 46 at 9:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

fore 19 46 to 12-11 19 46  
and that I last saw him live on 12-9 19 46

Immediate cause of death

Subleth Hemorrhage

DURATION

5 hours

Due to

Hypertension

Due to

Arteriosclerosis

Other conditions

Senile Debility

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

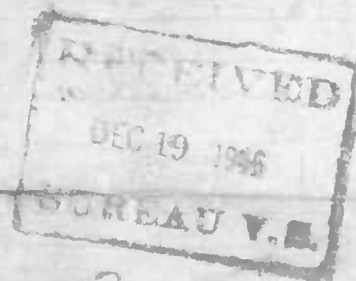
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Herbert R. Zolner M.D.  
M. D. or otherAddress Hancock Md. Date signed 12-12-46



2-50

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

12461

Reg. Dist. No. 3022

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 years  
 Hospital, institution, or street address where death occurred:  
440 Salem Avenue  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 440 Salem Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Lillie A. Loy

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Silas W. Loy  
 6.(c) If alive, give age 76 years  
 7. Birth date of deceased (mo., day, yr.) December 5, 1874  
 8. AGE: Years 72 Months 0 Days 25 If less than one day  
 ..... hrs. .... min.

9. Birthplace Taylorstown, Va.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name James W. Spring

13. Birthplace Taylorstown, Va.

14. Maiden name Mary E. Davis

15. Birthplace Taylorstown, Va.

16. Informant Mrs. Russel Harman

Address Hagerstown, Maryland

17. Burial 1-2-47  
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory M.E. Church Cemetery

Location Taylorstown, Virginia

18. Funeral director C.M. Suter & Sons

Address Hagerstown, Maryland

19. Jan 1, 47 Phas H. Bowers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH December 30, 1946 at 7:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 25, 1942 to Dec. 30, 1946  
 and that I last saw him alive on December 30, 1946

Immediate cause of death Hypertensive cardiovascular disease  
 DURATION 4 years

Due to

Due to

Other conditions Several attacks cerebral hemorrhage  
 (Include pregnancy within 3 months of death)

Major findings of operations No operation  
 Date of op.

Autopsy results No autopsy  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work

23. SIGNATURE Ra. B...  
 M. D. or other  
 Address Hagerstown, Md. Date signed 12/30/46

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Poole

12462

Reg. Dist. No. 3030

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? one week  
 Hospital, institution, or street address where death occurred:  
Washington County Home  
 How long in hospital or institution? one week

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Hotel Charles  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

William Franklin McGinnis

## 3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male white widower6. (b) Name of husband or wife Teresa

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 18738. AGE: Years Months Days If less than one day  
73 2 22 hrs. min.9. Birthplace Hagerstown, Wash. Cty., Md.  
(Town, county, and state)10. Usual occupation Laborer

## 11. Industry or business

12. Name George H. McGinnis13. Birthplace Frederick, Md.14. Maiden name Nancy Cage15. Birthplace Martinsburg, W. Va.16. Informant Mrs. Allen S. WeaverAddress Hagerstown, Md.11. Burial Date thereof Dec. 27, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Md.18. Funeral director A. K. CoffranAddress Hagerstown, Md.19. Dec. 27, 1946 Registrar  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24, 1946, 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1, 1946, to Dec 24, 1946and that I last saw him alive on Dec 18, 1946

Immediate cause of death

## DURATION

Cerebral Hemorrhage 3 hrsDue to Hemiplegia left 3 "Arteriosclerosis - 5 yrs.Due to Hypertension 5 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ernest F. Poole MD M. D. or otherAddress Hagerstown Md. Date signed 12/26/46

RECEIVED

DEC 30 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1246)

## CERTIFICATE OF DEATH

Reg. Dist. No.

12463

33

3040

## 1. PLACE OF DEATH:

County WashingtonCity or town Hancock  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Two Weeks

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 15 N. Cleveland Ave.  
(If rural, give LOCATION)

2.(c) If veteran, name war

## 3.(a) FULL NAME

Dallas Harvey Miller

## 3.(b) Social Security Number

NONE

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
-----------------------	----------------------------------	---

6.(b) Name of husband or wife Stella Little Miller6.(c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) June 5 1844

8. AGE:	Years	Months	Days	It less than one day
	<u>72</u>	<u>6</u>	<u>01</u>	.....hrs. ....min.

9. Birthplace Washington County  
(Town, county, and state)10. Usual occupation Meat Cutter

11. Industry or business

12. Name Martin L. Miller13. Birthplace Washington County14. Maiden name Laura B. Erickson15. Birthplace Washington County16. Informant Mrs. Stella L. MillerAddress 15 N. Cleveland Ave - Hagerstown17. Burial Date thereof Dec. 9 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Peter's CatholicLocation Hancock, Md.18. Funeral director Snyder-RowlandAddress Hancock, Md.19. 12/7/46 19 J. H. Miller  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 19 46 at 10:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1 19 46 to Dec 6 19 46 and that I last saw him alive on Dec 5 46 19 46Immediate cause of death Chronic Myocard DURATIONDue to Coronary Lesion

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. M. Shaffer M.D. M. D. or otherAddress Hagerstown Md Date signed 12/7/46

RECEIVED

DEC 11 1946

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (952)

12464

105

## CERTIFICATE OF DEATH

Reg. Dist. No. 3020

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 29 years  
 Hospital, institution, or street address where death occurred:  
Hillcrest Conv. Home  
 How long in hospital or institution? 6 months

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 858 Mulberry Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Helena Olivette Miller

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow  
 B.(b) Name of husband or wife Raymond R. Miller  
 B.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) February 22, 1883  
 8. AGE: Years 63 Months 90 Days 20 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace New Oxford, Pa.  
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name William Weaver

13. Birthplace New Oxford, Pa.

MOTHER 14. Maiden name Marthe Mayhew

15. Birthplace New Oxford, Pa.

16. Informant Mrs. Victor Reel

Address Hagerstown, Maryland

17. Burial Date thereof 12-14-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

19. Dec. 13, 1946 Registrar Charles H. Bowers

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17, 1946 at 5:55 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 10, 1946 to Dec. 12, 1946  
 and that I last saw him alive on Dec. 11, 1946

Immediate cause of death Cerebral hemorrhage  
hypertension  
hypertension  
hypertension  
 Due to hypertension  
 Due to hypertension

## DURATION

12-10-4612-10-4610 years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. Howard George

Address Hagerstown, Md

Date signed Dec 12, 1946

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 17 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

## CERTIFICATE OF DEATH

Dr. Welty

12465

Reg. Dist. No.

30 20

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown R # 1  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 9 Months  
 Hospital, institution, or street address where death occurred:  
Brooklawn Farm  
 How long in hospital or institution? None

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown R # 1  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Brooklawn Farm  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

MRS. NETTIE GRAVES MILLS

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Widow

6.(b) Name of husband or wife Fred. Y. Sr.6.(c) If alive, give age - years7. Birth date of deceased (mo., day, yr.) July 31 18738. AGE: Years Months Days If less than one day  
73 4 11 hrs. min.9. Birthplace Charlottesville Albemarle Co. Va.  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name James W. Eddins13. Birthplace Standardsville Va.14. Maiden name Mollie A. Eddins15. Birthplace Standardsville Va.16. Informant Herman L. MillsAddress Hagerstown Md.17. Burial Date thereof 12/15/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetary or crematory Mausoleum Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Dec. 13. 19 46 Chas. H. Hov...  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 19 46 at 9:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 10 19 46 to December 12 19 46 and that I last saw him alive on December 12 19 46Immediate cause of death Myocardial Infarction DURATION 6 weeksDue to Coronary Arteriosclerosis 15 yearsDue to Diabetes Mellitus 10 yearsOther conditions Diabetes Mellitus 10 years  
(Include pregnancy within 3 months of death)Major findings of operations None Date of op. NoneAutopsy results None  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of None  
Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) NoneMeans of injury None Injured at work? None23. SIGNATURE Salton M. Welty M.D. M. D. or equivalent  
Address 998 Potomac Dr., Hagerstown, Maryland Date signed 12-12-46

RECEIVED

DEC 17 1946

BUREAU

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

## CERTIFICATE OF DEATH

12466

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington CountyCity or town Hagerstown RFD #3  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 yrs

Hospital, institution, or street address where death occurred:

Hagerstown RFD #3

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown Md. RFD #3  
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD #3  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

Mrs. Anna Rebecca Moats

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed6. (b) Name of husband or wife George Moatsdeceased

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Dec. 8 18578. AGE: Years Months Days If less than one day  
89 18 \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Maryland  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name Joseph Rohrer13. Birthplace Md14. Maiden name Susan Palmer15. Birthplace Md.16. Informant Mrs. Bettie GraffusAddress Hagerstown RFD #3 Md17. Burial Date thereof Dec. 29 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Manor CemeteryLocation Near Tilghmanton Md19. Funeral director Edith V. LeafAddress #7 Church St. Williamsport, Md.19. Dec. 27, 1946 Beth Houser  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26-46 19 12 noon21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26-46 19 Dec 26-46 19and that I last saw him on Dec 26-46 19 Dec 26-46 19

Immediate cause of death DURATION

Due to Senility 2 hrsDue to General arteriosclerosis

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. D. Smith M. D. co-signerAddress Hagerstown Md Date signed 12/26/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED  
DEC 30 1946  
BUREAU V 6

1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92-d

CERTIFICATE OF DEATH



12467

3020

Reg. Dist. No.

1. PLACE OF DEATH:  
County... Washington  
City or town... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 26 Years  
Hospital, institution, or street address where death occurred:  
Washington County Hospital  
How long in hospital or institution? 3 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... Maryland County... Washington  
City or town... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 629 George St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

3. (a) FULL NAME Annie F. Mohone 3. (b) Social Security Number None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Alph

6.(c) If alive, give age..... years  
7. Birth date of deceased (mo., day, yr.) March 7, 1877

8. AGE: Years 69 Months 9 Days 3 It less than one day  
..... hrs. .... min.

9. Birthplace Harrisonburg, Virginia.  
(Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

FATHER 12. Name Iseas Hause  
13. Birthplace Virginia

MOTHER 14. Maiden name Dargas Glover  
15. Birthplace Virginia

16. Informant Mrs. Clarence Young  
Address 606 George St. Hagerstown, Md.

17. Burial Date thereof Dec. 13, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetary or crematory Rose Hill Cemetery  
Location Hagerstown, Md.  
Fred W. Kraiss

18. Funeral director Hagerstown, Maryland.  
Address

19. Dec. 13, 46 Registrar  
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10, 1946 7:00 P.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  
..... 19..... to ..... 19.....  
and that I last saw h..... alive on ..... 19.....

Immediate cause of death..... DURATION  
Chr. myocardial valvular heart  
disease 6yrs

Due to..... Kidney stone 5 yrs

Due to..... femoral artery thrombosis 26 d

Other conditions..... & gangrene of leg  
& thigh  
(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op. ....

Autopsy results..... no  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... no Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. P. Wells M.D. M. D.  
Address Hagerstown, Md. Date signed 12/12/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 17 1946

BUREAU V B

1-50

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1802

## CERTIFICATE OF DEATH

12468

Reg. Dist. No. 3020

### 1. PLACE OF DEATH:

County... Washington  
City or town... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? life  
Hospital, institution, or street address where death occurred:  
Washington County Hospital  
How long in hospital or institution? 7 Hours

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington  
City or town... Rural Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Hagerstown, Route # 5  
(If rural, give LOCATION)  
2. (a) If veteran, name war.....

### 3. (a) FULL NAME

Male Child of Lester Mongan

### 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1946 6. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day 7 hrs. min.

9. Birthplace Hagerstown Washington Co. Md.  
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER 12. Name Lester Mongan

13. Birthplace Hagerstown, Md.

MOTHER 14. Maiden name Anna Hartman

15. Birthplace Waynesboro Pa.

16. Informant Lester Mongan

Address Hagerstown, Route # 5

17. Burial Date thereof Dec. 28, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Dec. 28, 46 Chas. H. Howard  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27, 1946 19. 11:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 27, 1946 to Dec. 27, 1946 and that I last saw him alive on December 27, 1946

Immediate cause of death..... DURATION

Cerebral hemorrhage 7 hours  
Due to Difficult birth

Due to.....

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results Cerebral hemorrhage

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury Injured at work?

23. SIGNATURE La Bue M. D.

Address Hagerstown Md. Date signed 12/28/46

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 31 1946

BUREAU OF

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12469

Reg. Dist. No. 3020

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 40 years  
 Hospital, institution, or street address where death occurred:  
140 W. Antietam Street  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 140 W. Antietam Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

John Calvin Mowen

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Addie Mae Mowen

## 7. Birth date of

deceased (mo., day, yr.)

June 24, 1873

## 8. AGE:

Years 73

Months 5

Days 24

If less than one day

hrs. min.

## 9. Birthplace

Franklin County, Pa.

(Town, county, and state)

## 10. Usual occupation

Optometrist

## 11. Industry or business

FATHER

## 12. Name

Charles H. Mowen

## 13. Birthplace

Pennsylvania

MOTHER

## 14. Maiden name

Anna

## 15. Birthplace

Pennsylvania

## 16. Informant

Address

Mrs. Addie Mae Mowen

140 W. Antietam St. - Hagerstown

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Dec. 21, 1946

(month) (day) (year)

## Cemetery or crematory

Rose Hill Cemetery

## Location

Hagerstown, Md.

## 18. Funeral director

Fred W. Kraiss

## Address

Hagerstown, Md.

## 19. Dec. 21, 1946

(Date rec'd by registrar)

G. L. Bowers

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18, 1946 6:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 18, 1946 to Dec. 18, 1946  
and that I last saw him alive on December 16, 1946

Immediate cause of death

DURATION

Carcinoma of liver  
2

Due to

Due to

Other conditions

None

(Include pregnancy within 3 months of death)

Major findings of operations

No operation

Date of op.

Autopsy results

No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. B. Bowers  
Address Hagerstown, Md. Date signed 12/19/46

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DEC 24 1946  
BUREAU V B

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12470

Reg. Dist. No.

3070

### 1. PLACE OF DEATH:

County Washington  
City or town Rohersville  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 73 years  
Hospital, institution, or street address where death occurred:  
Main St.  
How long in hospital or institution? at home

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Rohersville  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Main St.  
(If rural, give LOCATION)  
2. (a) If veteran, name war. none

### 3. (a) FULL NAME

Florence Eliza Mullendore

### 3. (b) Social Security Number

none

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed  
6. (b) Name of husband or wife Oliver Scott Mullendore 6. (c) If alive, give age. years  
7. Birth date of deceased (mo., day, yr.) October 22 - 1858  
8. AGE: Years 88 Months 1 Days 18 It less than one day hrs. min.

9. Birthplace Burkettville Ind. Co. md.  
(Town, county, and state)  
10. Usual occupation Housekeeper  
11. Industry or business own home

12. Name Jerry Harner  
13. Birthplace Pennsylvania  
14. Maiden name Mary Hightman  
15. Birthplace Burkettville Ind. Co. md.

16. Informant Mrs. Orville Slifer  
Address Rohersville md.

17. Burial Date thereof Dec. 13, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Rohersville Cemetery  
Location Rohersville md.

18. Funeral director Wm. S. Best & Sons  
Address Brownstown md.

19. Dec 11 19 46 McKatherine Dagenhart  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

2D. DATE OF DEATH December 10 19 46 at 1:00 PM  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 3 19 46 to Dec 10 19 46  
and that I last saw him alive on Dec 9 19 46

Immediate cause of death Cerebral Hemorrhage  
DURATION 8 days

Due to  
Due to  
Other conditions  
(Include pregnancy within 8 months of death)

Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE Sheila Wade M. D.  
Address 1 Translators, Md. Date signed 12/11/46

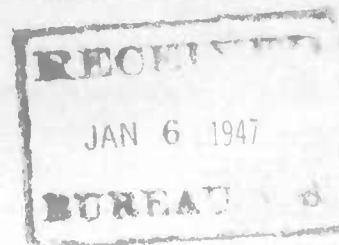
MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Wade.



2-30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Dr. Hirshman

12587

Reg. Dist. No. 203

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 Months  
 Hospital, institution, or street address where death occurred:  
Layman Nursing Home  
 How long in hospital or institution? 2 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 137 Broadway  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war. None

## 3. (a) FULL NAME

W. FRANK MUNN

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife Ida B. Munn  
 6.(c) If alive, give age — years  
 7. Birth date of deceased (mo., day, yr.) December 2, 1868  
 8. AGE: Year 78 Months 0 Day 28 If less than one day — hrs. — min.

9. Birthplace Mt. Savage Allegany Co. Md.  
 (Town, county, and state)  
 10. Usual occupation Furniture Manufacture  
 11. Industry or business Retired  
 12. Name Samuel A. Munn  
 13. Birthplace  
 14. Maiden name Lillie B. Horeston  
 15. Birthplace

16. Informant Mrs. Donald Munna  
 Address Hagerstown Md.  
 17. Burial Burial Date thereof 1/1/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Mausolun Rose Hill Cemetery  
 Location Hagerstown Md.  
 18. Funeral director Andrew K. Coffman  
 Address Hagerstown Md.

19. Dec 30, 46 Reg M Zol  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 30, 19 46, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 8 to Dec 30 19 46  
 and that I last saw him alive on Dec. 29 19 46

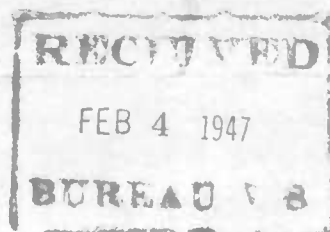
Immediate cause of death Metastatic Carcinoma ProstateDURATION  
5 yrs.

Due to  
 Due to  
 Other conditions Decadry Arteriosclerosis  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE Dr. J. Hirshman M. D. or other  
 Address 1590 Washington St Date signed 1/1/47



2-40

2-3030- 2-10

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

12471

★ Reg. Dist. No. 302 0

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 Day  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 303 Reynolds Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

MRS. ANNA WOLFE NEWCOMB

## 3. (b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widow</u>
6. (b) Name of husband or wife <u>Edward</u>		
6. (c) If alive, give age _____ years		
7. Birth date of deceased (mo., day, yr.) <u>February 20 1876</u>		
8. AGE: Years <u>70</u>	Months <u>9</u>	Days <u>18</u> hrs. _____ min.
9. Birthplace <u>Tilghmanton Wash. Co. Md.</u> (Town, county, and state)		
10. Usual occupation <u>Housewife</u>		
11. Industry or business <u>Own Home</u>		
12. Name <u>Thomas Wolfe</u>		
13. Birthplace <u>Tilghmanton Md.</u>		
14. Maiden name <u>Sarah Ann Carty</u>		
15. Birthplace <u>Tilghmanton Md.</u>		
16. Informant <u>Mrs. Nora McCauley</u> Address <u>Hagerstown Md.</u>		
17. Burial <u>Burial</u> Date thereof <u>12/11/46</u> (Burial, cremation, or removal. Which?) (month) (day) (year)		
Cemetery or crematory <u>Rest Haven Cemetery</u> <u>Hagerstown Md.</u>		
18. Funeral director <u>Andrew K. Coffman</u> Address <u>Hagerstown Md.</u>		
19. <u>Dec. 11, 46</u> <u>Chas. Bowers</u> (Date rec'd by registrar) Registrar		

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1946 19\_\_\_\_ at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/4/46 19\_\_\_\_ to 12/8/46 19\_\_\_\_ and that I last saw her alive on 12/8/46 19\_\_\_\_

Immediate cause of death Coronary Occlusion DURATION 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions hypertensive heart disease 1 year

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Earl Young MD M. D. or other \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 13 1946

BUREAU

1-50

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

## CERTIFICATE OF DEATH

Reg. Dist. No. 12472 3020

## 1. PLACE OF DEATH:

County... Washington

City or town... Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington &amp; Hospital Washington

How long in hospital or institution? 12/24 to Dec 29

## 3. (a) FULL NAME

Mrs. Carrie A. Ott

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

William S. Ott

## 7. Birth date of

deceased (mo., day, yr.)

July 2 1870

## 8. (c) If alive, give age..... years

## 8. AGE:

Years 76

Months 5

Days 27

If less than one day

hrs. min.

## 9. Birthplace

Franklin Co. Pa.

(Town, county, and state)

## 10. Usual occupation

House work

## 11. Industry or business

Jorish Lasher

## 12. Name

Franklin Co. Pa.

## 13. Birthplace

Rebecca Lighter

## 14. Maiden name

Franklin Co. Pa.

## 15. Birthplace

F. F. Oger

## 16. Informant

Hagerstown Pa.

## Address

Burial Date thereof Jan 1, 1947

(Burial, cremation, or removal. Which?)

## Cemetery or crematory

Fairview Cem.

## Location

Hagerstown Pa.

## 18. Funeral director

Hagerstown Pa.

## Address

Dec 30 1946 Chas H Bowers

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Pennsylvania

County... Franklin

City or town

Hagerstown Pa.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

N. Main St

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

12/29, 1946 at 4:05 P.M.

## 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

11/26 1946 to 12/29 1946

and that I last saw him alive on 12/29 1946

## Immediate cause of death

arterio-sclerosis  
coronary thrombosis  
chronic nephritis

## DURATION

13.3 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

M. D. or other

Address Hagerstown Pa Date signed 12/29 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

JAN 4 1947

BUREAU

1-52

## CERTIFICATE OF DEATH

Reg. Dist. No. 3020

## 1. PLACE OF DEATH:

County Hagerstown  
City or town Hagerstown - Md  
(If outside city or town limits, write RURAL NEAR and give town)Street, place, hospital, or institution Hagerstown CemeteryStay in hospital or inst. (yrs., or mos., or days) 7 hoursStay in this community (yrs., or mos., or days) 7 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penn County FultonCity or town Amasath  
(If outside city or town limits, write RURAL NEAR and give town) Ward No.Street No. \_\_\_\_\_  
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR \_\_\_\_\_

## 3. (a) FULL NAME

Samuel Logue Plessinger

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married6 (b) Name of husband or wife Zella Anna Plessinger6 (c) If alive, give age 74 years7. Birth date of deceased (mo., day, yr.) Aug 19, 18698. AGE: Years 77 Months 3 Days 25 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Fulton Co. Penn.  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Abraham Plessinger13. Birthplace Penn.14. Maiden name Anna Daniels15. Birthplace Penn.16. Informant Roy A. PlessingerAddress Amasath, Pa.17. Buried Date thereof Dec. 15, 1946  
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Jerusalem Church CemeteryLocation Amasath, Pa.18. Funeral director J. W. LipesAddress Harrisonville, Pa.19. Dec. 12, 1946 Registrar Phyllis Powers  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1946, at 2:00 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 11 1946 to Dec 12 1946, and that I last saw him alive on Dec 11 1946

Immediate cause of death

Intestinal ObstructionDue to Strangulation of bowelDue to Renal hernia

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings: Strangulation of smallOf operations bowel

Of autopsy \_\_\_\_\_

## PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Walter Fayman, M.D.Address Hagerstown, Md. M. D. or other \_\_\_\_\_Date signed 12/12/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
DEC 14 1946  
BUREAU V B

1-50

Samuel Logue Plessinger

Mr. Plessinger was born  
Aug. 19th, 1869 and is to be  
buried on Dec. 15th, 1946 in  
Jerusalem Church Cemetery  
at Amaranth, Pa.

Chas. H. Bowser,  
Loc. Reg.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 103

CERTIFICATE OF DEATH

12474  
Reg. Dist. No. 3020

1. PLACE OF DEATH:  
County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 8 Month  
Hospital, institution, or street address where death occurred:  
Washington County Hospital  
How long in hospital or institution? 1 Week

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Rural Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Hagerstown, Route # 1  
(If rural, give LOCATION)  
2. (a) If veteran, name war

3. (a) FULL NAME James J. Clark Plum  
3. (b) Social Security Number None

4. Sex Male  
5. Color or race White  
6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1884

8. AGE: Years 63 Months Days If less than one day  
hrs. min.

9. Birthplace Virginia  
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Wash. Co. Hospital records

Address

17. Burial Date thereof Dec. 14, 1946  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Belleuve Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kriass

Address Hagerstown, Md.

19. Dec. 14, 1946 Registrar Chas. H. Bowers  
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14, 1946 19 1:50 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 14-46 to Dec 14-46  
and that I last saw him alive on Dec 13-46 19

Immediate cause of death

Pneumonia (Lhs)

Due to Following urinary infection

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. D. Smith M. D. or other

Address Hagerstown, Md. Date signed 12/14/46

MARGIN RESERVED FOR BINDING

VS A15-9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 17 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (742)

## CERTIFICATE OF DEATH

Reg. Dist. No. 3020

1. PLACE OF DEATH:  
 County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 20 years  
 Hospital, institution, or street address where death occurred:  
70 E Irving Ave.  
 How long in hospital or institution? 2

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 70 E Irving Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war NON-VET.

3. (a) FULL NAME Herbert V Duail

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Minnie A Duail  
 7. Birth date of deceased (mo., day, yr.) June 22-1874 6. (c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 72 Months 6 Days 9 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Maryland  
 (Town, county, and state)  
 10. Usual occupation Lawyer  
 11. Industry or business \_\_\_\_\_

FATHER 12. Name John H Duail  
 13. Birthplace Maryland  
 MOTHER 14. Maiden name Unknown  
 15. Birthplace Unknown  
 16. Informant Miss Nellie Gornish  
 Address 70 E Irving St. Hagerstown Md  
 17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Jan 2-46  
 (month) (day) (year)  
 Cemetery or crematory Gravel Ridge  
 Location Balto Co. Md  
 18. Funeral director Edw C Tipton  
 Address Hampstead Md  
 19. Dec 31 1946 Boasfhoaxes  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 31 Dec 1946 at 12:05 A M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 28 Dec 1946 to 31 Dec 1946  
 and that I last saw him alive on 30 Dec 1946

Immediate cause of death Coronary Occlusion DURATION 2 days

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J F Lusk M. D. or other \_\_\_\_\_  
 Address 230 N Potomac Date signed 31 Dec 46



UNITED STATES DEPARTMENT OF JUSTICE

ESTABLISHMENT OF RECORDS

RECEIVED  
JAN 3 1947  
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Births Deaths (159) 9

12476

Reg. Dist. No. 3020

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF STILLBIRTH**

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

**1. PLACE OF BIRTH:**

County Washington  
 City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
 Street address, hospital, or institution:  
Washington County Hosp.  
 Length of mother's stay in County 36 yrs.  
(How many years, or months, or days. SPECIFY WHICH)

**2. USUAL RESIDENCE OF MOTHER:**

State Maryland  
 County Washington  
 City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
 Street No. Route 1  
(If RURAL give LOCATION)

3. Name of child Baby Ridenour

4. Date of birth Dec. 23 1946 Hour 10:30 A.M.

5. Sex male 6. Twin or triplet —

7. No. of weeks pregnancy 22 weeks

**FATHER OF CHILD**

8. Full name Leroy Ridenour  
 9. Color W 10. Age at time of this birth 46 yrs.  
 11. Usual occupation Farmer

**MOTHER OF CHILD**

12. Full maiden name Estelle Emma Snodgrass  
 13. Color W 14. Age at time of this birth 36 yrs.  
 15. Usual occupation Homemaker

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0  
 (b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? yes During labor? no

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

18. Pregnancy, complications of Hypertension, albuminuria

(a) Fetal causes Prematurity

19. Labor: (a) Complications of prolonged  
 (b) Induced? —

(b) Maternal causes Hypertension, cardiac-vascular renal disease

20. (a) Was there an operation for delivery? yes

22. I certify to the birth of this child who was born dead\* on the date and hour above stated.

(b) State all operations, if any Keptorotomy

Signature Curtis Baptista, Jr., M.D.  
(Specify if M.D., midwife, or other)

(c) Did child die before operation? no  
 During operation? no

Address 214 Potomac Hagerstown Md.

23. (a) Burial (b) Date thereof 12/24/46  
(Burial, cremation or removal) (month) (day) (year)

25. (a) Dec. 24, 1946 (b) Charles Powers  
(Date rec'd by registrar) (Registrar)

(c) Cemetery or crematory Father's own farm

24. (a) Funeral director W. H. Hoffman

26. (To be filled out if no physician was present at delivery.)  
 The above certificate has been examined by me.

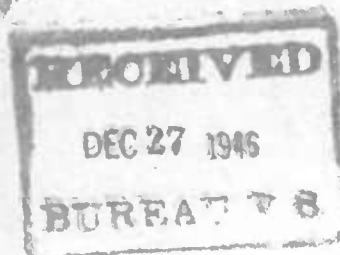
(b) Address Hagerstown Md.

Health Officer, per.....

\* See Instruction C on stub.

child lived 10 minutes

V. S. A10



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M

Birth and Death

(159)

12477

8

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF STILLBIRTH**

Reg. Dist. No. 30.20

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:  
 County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street address, hospital, or institution:  
Washington County Hospital  
 Length of mother's stay in County 1 year  
 (How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:  
 State Maryland  
 County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 548 Sarge St  
 (If RURAL give LOCATION)

3. Name of child Baby Boy Ritter  
 5. Sex Male  
 6. Twin or triplet Twin

4. Date of birth Dec 1 1946 Hour 7:48 P.  
 7. No. of weeks pregnancy 30

FATHER OF CHILD

8. Full name Unknown  
 9. Color White 10. Age at time of this birth 18 yrs.  
 11. Usual occupation None

MOTHER OF CHILD

12. Full maiden name Betty Jane Ritter  
 13. Color White 14. Age at time of this birth 18 yrs.  
 15. Usual occupation None

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0  
 (b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? During labor?  
 18. Pregnancy, complications of None  
 19. Labor: (a) Complications of None (b) Induced? No  
 20. (a) Was there an operation for delivery? No (Yes or No)  
 (b) State all operations, if any None  
 (c) Did child die before operation? No  
 During operation? None

21. Cause of ~~stillbirth~~ Birth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.  
 (a) Fetal causes Conjugal Atelectasis  
 (b) Maternal causes Prematurity - Cause undetermined - (7 mo) - Twin  
 22. I certify to the birth of this child who was born dead on the date and hour above stated. but lived

Signature Hester P. Ritter  
 (Specify if M. D., midwife, or other)

Address Hagerstown Md.

23. (a) Burial (b) Date thereof 12/5/46  
 (Burial, cremation or removal) (month) (day) (year)  
 (c) Cemetery or crematory Rice Hill Cemetery  
 24. (a) Funeral director ANDREW K. C. FEMAN  
 (b) Address HAGERSTOWN MD

25. (a) Dec 4, 1946 (b) Elizabeth Power  
 (Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.)  
 The above certificate has been examined by me.

Health Officer, per \_\_\_\_\_

\* See Instruction C on stub.

Child Lived - 36 hours - 81 min

V. S. A10

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DEC 6 1945

H. H. A. J. V. B.

1-50

"Birth and Death" (159)  
**MARYLAND STATE DEPARTMENT OF HEALTH**  
**CERTIFICATE OF STILLBIRTH**

Reg. Dist. No. 302

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

**1. PLACE OF BIRTH:**

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street address, hospital, or institution: Washington County Hospital  
 Length of mother's stay in County 10 years  
 (How many years, or months, or days. SPECIFY WHICH)

**2. USUAL RESIDENCE OF MOTHER:**

State Maryland  
 County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 548 George St.  
 (If RURAL give LOCATION)

**3. Name of child**

**5. Sex**

**6. Twin or triplet**

**4. Date of birth** Dec 1 1946 Hour 7:46 P. M.

**7. No. of weeks pregnancy** 30

**FATHER OF CHILD**

**8. Full name** Unknown  
**9. Color** ..... **10. Age at time of this birth** ..... yrs.  
**11. Usual occupation** .....

**MOTHER OF CHILD**

**12. Full maiden name** Betty Jane R. Her  
**13. Color** white **14. Age at time of this birth** 18 yrs.  
**15. Usual occupation** .....

**16. Other children born to mother (not including present child):** (a) How many children of this mother are now living? 0  
 (b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

**17. Did child die before labor?** ..... **During labor?** .....

**18. Pregnancy, complications of** .....

**19. Labor:** (a) Complications of ..... (b) Induced? .....

**20. (a) Was there an operation for delivery?** ..... (Yes or No)

(b) State all operations, if any .....

(c) Did child die before operation? .....  
 During operation? .....

**21. Cause of ~~stillbirth~~ <sup>death</sup>.** Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes Conjugal Absterias

(b) Maternal causes Premature (cause undetermined) - Twin - alive

**22. I certify to the birth of this child who was born ~~dead~~ <sup>but dead</sup> on the date and hour above stated.**

Signature [Signature]  
 (Specify if M. D., midwife, or other)

Address Hagerstown, Md.

**23. (a) BURIAL** (b) Date thereof 12/5/46  
 (Burial, cremation or removal) (month) (day) (year)

(c) Cemetery or crematory Rose Hill Cemetery

**24. (a) Funeral director** Andrew B. Costman

(b) Address Hagerstown, Md.

**25. (a) Dec 4, 1946** (b) Charles Sowers  
 (Date rec'd by registrar) (Registrar)

**26. (To be filled out if no physician was present at delivery.)**  
 The above certificate has been examined by me.

Health Officer, per.....

\* See Instruction C on stub.

V. S. A10

Child Lived - 36 hours - 49 min.

RECEIVED

DEC 6 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 3020

<b>1. PLACE OF DEATH:</b> County..... <u>Washington</u> City or town..... <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: <u>Washington County Hospital</u> How long in hospital or institution?..... <u>2 months</u>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State..... <u>Penna.</u> County..... <u>Franklin</u> City or town..... <u>Rural</u> (If outside city or town limits, write RURAL and give nearest town) Street No. .... <u>Greencastle, R.R. #3</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....											
<b>3. (a) FULL NAME</b> <u>ALMA GAIL ROCK</u>				<b>3. (b) Social Security Number</b> <u>195-16-3721</u>											
<b>4. Sex</b> <u>F</u>		<b>5. Color or race</b> <u>W</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Married</u>											
<b>6. (b) Name of husband or wife</b> ..... <u>Carl L. Rock</u>				<b>6. (c) If alive, give age</b> ..... <u>34</u> years											
<b>7. Birth date of deceased (mo., day, yr.)</b> ..... <u>December 28, 1916</u>				<b>8. AGE:</b> <table border="1"> <tr> <td>Years</td> <td>Months</td> <td>Days</td> <td>If less than one day</td> </tr> <tr> <td><u>29</u></td> <td><u>11</u></td> <td><u>27</u></td> <td>..... hrs. .... min.</td> </tr> </table>				Years	Months	Days	If less than one day	<u>29</u>	<u>11</u>	<u>27</u>	..... hrs. .... min.
Years	Months	Days	If less than one day												
<u>29</u>	<u>11</u>	<u>27</u>	..... hrs. .... min.												
<b>9. Birthplace</b> ..... <u>Antrim Twp., Penna.</u> (Town, county, and state)				<b>10. Usual occupation</b> ..... <u>Housewife</u>											
<b>11. Industry or business</b> ..... <u>Own Home</u>				<b>12. Name</b> ..... <u>Frank Gilbert</u>											
<b>13. Birthplace</b> ..... <u>Franklin Co., Penna.</u>				<b>14. Maiden name</b> ..... <u>Mary Elizabeth Sites</u>											
<b>15. Birthplace</b> ..... <u>Franklin Co., Penna.</u>				<b>16. Informant</b> ..... <u>Carl L. Rock</u> <b>Address</b> ..... <u>Greencastle R.R. # 3</u>											
<b>17. Burial</b> ..... <u>Burial</u> (Burial, cremation, or removal, Which?) Date thereof..... <u>Dec. 28, 1946</u> (month) (day) (year) Cemetery or crematory..... <u>Cedar Hill Cemetery</u> Location..... <u>Greencastle, Penna.</u>				<b>18. Funeral director</b> ..... <u>Jacob A. Teeter</u> <b>Address</b> ..... <u>Greencastle, Penna.</u>											
<b>19. Dec. 27, 1946</b> (Date rec'd by registrar)				<b>20. DATE OF DEATH</b> ..... <u>December 25, 1946</u> at <u>7:30 AM</u> <b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>9/11</u> to <u>12/25</u> 19 <u>46</u> and that I last saw h. <u>alive</u> on <u>12/24</u> 19 <u>46</u> <b>Immediate cause of death</b> ..... <u>Tubercular meningitis</u> <b>DURATION</b> Due to..... Due to..... <b>Other conditions</b> ..... <u>Tubercular lungs</u> (Include pregnancy within 3 months of death) <b>Major findings of operations</b> ..... Date of op. .... <b>Autopsy results</b> ..... <b>PHYSICIAN:</b> Please underline the cause to which death should be charged statistically.											
<b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of ..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?) ..... Means of injury..... Injured at work?.....				<b>23. SIGNATURE</b> ..... <u>W. B. [Signature]</u> M. D. or other Address..... <u>Greencastle, Pa.</u> Date signed <u>12/27/46</u>											

Registrar

RECEIVED

DEC 30 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

3020

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 50 years  
 Hospital, institution, or street address where death occurred:  
301 North Mulberry Street  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 301 North Mulberry Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Hattie M. Rowland

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widow

## 6. (b) Name of husband or wife

A. D. Rowland

## 6. (c) If alive, give age

## 7. Birth date of deceased (mo., day, yr.)

August 16, 1870

## 8. AGE:

Years

Months

Days

If less than one day

76

3

21

hrs.

min.

## 9. Birthplace

Smithsburg, Wash. Co. Md.

(Town, county, and state)

## 10. Usual occupation

Housework

## 11. Industry or business

FATHER

12. Name

John Lum

13. Birthplace

Smithsburg, Maryland

MOTHER

14. Maiden name

Rachael Gaul

15. Birthplace

Smithsburg, Maryland

## 16. Informant

Edward Rowland

Address

Hagerstown, Maryland

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 12-10-46

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Maryland

C. M. Suter &amp; Sons

## 18. Funeral director

Address

Hagerstown, Maryland

## 19.

(Date rec'd by registrar)

19

Dec 9, 46 Charles Bowers

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Dec. 7 1946 8:05 P.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 26 1945 to Dec. 7 1946

and that I last saw her alive on Dec 7 1946

## Immediate cause of death

Carcinoma of Cervix

## DURATION

2 yrs

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

## 23. SIGNATURE

M. D. or other

Hagerstown, Md

Date signed 12-8-46

RECEIVED

DEC 11 1946

BUREAU 13

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Bto)

## CERTIFICATE OF DEATH

Reg. Dist. No. 3026

12481

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?... 20 Years  
 Hospital, institution, or street address where death occurred:  
141 King St.  
 How long in hospital or institution?... ---

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... Maryland County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... 141 King St.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war... None

## 3. (a) FULL NAME

Mrs. Annie Rosina Schieldknecht

## 3. (b) Social Security Number

None

4. Sex... Female 5. Color or race... White 6. (a) Single, married, widowed, or divorced... Married

8. (b) Name of husband or wife... William W. Schieldknecht6. (c) If alive, give age... 78 years7. Birth date of deceased (mo., day, yr.)... November 21, 1875

8. AGE: Years... 71 Months... 1 Days... 10 If less than one day... --- hrs. --- min.

9. Birthplace... Funkstown Washington Co., Md.  
(Town, county, and state)10. Usual occupation... Housewife11. Industry or business... Own Home12. Name... Charles E. Howard13. Birthplace... Providence Md.14. Maiden name... Elizabeth A. Grosh15. Birthplace... Funkstown Md.16. Informant... Miss Mary HowardAddress... Hagerstown Md.17. Burial... Burial Date thereof... 1/2/47  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory... Funkstown CemeteryLocation... Funkstown Md.18. Funeral director... Andrew K. CoffmanAddress... Hagerstown Md.19. Jan 2, 1947... Phyllis Powers  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... December 31, 1946 at... 9 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  
October 27, 1944 to Dec 31, 1946  
 and that I last saw him alive on December 30, 1946

Immediate cause of death... Hypertensive cardiovascular-  
 reffer renal disease. DURATION... 2 years

Due to...

Due to...

Other conditions... None

(Include pregnancy within 3 months of death)

Major findings of operations... No operations

Date of op. ...

Autopsy results... No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

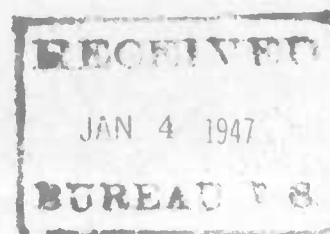
23. SIGNATURE... Ra Bell M. D. or otherAddress... Hagerstown Md. Date signed... 1/2/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

## CERTIFICATE OF DEATH

Dr. Beachly

12482

★ Reg. Dist. No. 3020

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 Years  
 Hospital, institution, or street address where death occurred:  
65 Bellevue Ave.  
 How long in hospital or institution? ---

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 65 Bellevue Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

MRS CHRISTINE KATIE SCHWARZ

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife Henry A. 6.(c) If alive, give age --- years  
 7. Birth date of deceased (mo., day, yr.) March 15, 1872  
 8. AGE: Years 74 Months 8 Days 26 It less than one day --- hrs. --- min.

9. Birthplace New York City, New York  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business Own Home  
 FATHER 12. Name George Metzger  
 13. Birthplace Germany  
 MOTHER 14. Maiden name Sophie Braun  
 15. Birthplace Germany

16. Informant Henry Schwarz  
 Address Hagerstown Md.  
 17. Burial Date thereof 12/16/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Cedar Grove Cemetery  
Flushing, Long Island N.Y.  
 Location  
 18. Funeral director Andrew K. Coffman  
 Address Hagerstown Md.  
 19. Dec. 13, 1946 Beachly  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1946 at 10:30 AM  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased Dec 13, 46  
 and that I last saw him Dec 13, 46 alive on Dec 13, 46

Immediate cause of death Pericardial & Stomach. 6 mps.  
 Due to Pericardial Anemia  
 Other conditions None  
 (Include pregnancy within 8 months of death)

Major findings of operations None  
 Date of op. ---  
 Autopsy results ---  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide --- Date of ---  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) ---  
 Means of injury --- Injured at work? ---  
 23. SIGNATURE Dr. Beachly  
 Address Hagerstown, Md. Date signed Dec 13/46



RECEIVED  
DEC 17 1946  
BUREAU V &

1-58

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

12483

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington County Hospital  
5 weeks

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 1406 Oak Hill Avenue  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Eleanor Brown Seaman

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Charles Courtney Seaman

6. (c) If widow, give age..... years

7. Birth date of deceased (mo., day, yr.)

Oct. 23, 1896

8. AGE:

Years 50

Months 1

Days 19

If less than one day

..... hrs. .... min.

9. Birthplace Harford County, Md.  
(Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

MOTHER FATHER

12. Name James Brown

13. Birthplace Harford County, Md.

14. Maiden name Pauline Hinnault

15. Birthplace Baltimore County, Md.

16. Informant C. Courtney Seaman

Address 1406 Oak Hill Ave.- Hagerstown,

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof Dec. 15-46  
(month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Dec. 15, 46

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12, 1946 12:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 4 1946 to Dec 12 1946

and that I last saw him alive on Dec 12 1946

Immediate cause of death uremia and cardiac failure

DURATION

2 mos

Due to Hypertensive Cardio-vascular disease

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

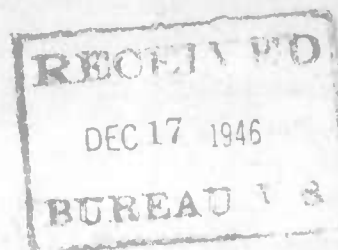
23. SIGNATURE Robert V. L. Campbell M.D.

Address Hagerstown Md Date signed Dec 14/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

832

12484

CERTIFICATE OF DEATH

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington  
City or town Hagerstown, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 20 years  
Hospital, institution, or street address where death occurred:  
Washington County Hospital  
Few Minutes  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 325 South Locust Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME

Della Kendall Shaffer

3. (b) Social Security Number  
None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Curtis Shaffer</u>		
6. (c) If alive, give age <u>52</u> years		
7. Birth date of deceased (mo., day, yr.) <u>November 5, 1896</u>		
8. AGE: Years <u>50</u>	Months <u>0</u>	Days <u>28</u> If less than one day hrs. min.

8. Birthplace Pleasant Valley, Maryland  
(Town, county, and state)  
10. Usual occupation Housewife  
11. Industry or business

FATHER	12. Name <u>John Kendall</u>
	13. Birthplace <u>Pleasant Valley, Maryland</u>
MOTHER	14. Maiden name <u>Sarah Ford</u>
	15. Birthplace <u>Pleasant Valley, Maryland</u>

16. Informant Curtis Shaffer  
Address Hagerstown, Maryland

17. Burial 12-6-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Smithsburg  
Location Smithsburg, Maryland

18. Funeral director C. M. Suter & Sons  
Address Hagerstown, Maryland

19. Dec. 6, 46 Blair Barker  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3, 1946 at 12:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1, 1946 to December 3, 1946 and that I last saw her alive on December 3, 1946

Immediate cause of death Cerebral apoplexy  
DURATION 2 Days

Due to Triglyceridemia  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

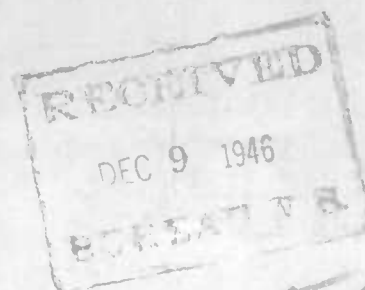
Means of injury Injured at work?

23. SIGNATURE Blair Barker M. D.  
Address Hagerstown, Md Date signed 12/6/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-50

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1872)

12485

## CERTIFICATE OF DEATH

Reg. Dist. No. 3025

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 Washington County Hospital  
 How long in hospital or institution? 4 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Washington  
 City or town... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 256 South Potomac Street  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war.....

## 3. (a) FULL NAME

Frank Woodrow Shank

## 3. (b) Social Security Number

214 -09-0050

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mary E. Shank

6. (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) February 25, 1913

8. AGE: Years 33 Months 9 Days 20 If less than one day  
 hrs. min.

9. Birthplace Hagerstown, Wash. Co. Md.  
 (Town, county, and state)

10. Usual occupation Mechanic

11. Industry or business Central Garage

12. Name William S. Shank

13. Birthplace Ringgold, Md.

14. Maiden name Nettie Carbaugh

15. Birthplace Mont Alto, Pa.

16. Informant Mrs. Frank W. Shank

Address Hagerstown, Maryland

17. Burial Date thereof 12-18-46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Maryland

18. Funeral director C. M. Suter &amp; Sons

Address Hagerstown, Maryland

19. Dec 17, 46 Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 15, 1946, at 1:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

....., 19....., to....., 19.....

and that I last saw him..... alive on....., 19.....

Immediate cause of death.....

.....

.....

.....

Due to cerebral hemorrhage

.....

.....

Due to.....

.....

.....

Other conditions.....

.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....

Date of op. ....

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

.....

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Dec/13/46

Where did injury occur? Hagerstown Wash. Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Central Garage

Means of injury fell down steps Injured at work?

.....

DEPUTY MEDICAL EXAMINER

S. Robert Wells WASH. CO., MD.

23. SIGNATURE M. D.

Address Hagerstown, Md. Date signed 12/16/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 20 1946

BUREAU

1-57



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 924

## CERTIFICATE OF DEATH

Reg. Dist. No. 3020

12486

122

## 1. PLACE OF DEATH:

County Washington  
 City or town Leesburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 days  
 Hospital, institution, or street address where death occurred:  
Washington Co. Hospital  
 How long in hospital or institution? 3 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Fairplay Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Harry Thomas Shank

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife

Ruby Shank

7. Birth date of deceased (mo., day, yr.)

Dec 21 18968. (c) If alive, give age 48 years

8. AGE:

Years 49 Months 11 Days 27  
 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace

Washington Co.  
(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

MOTHER FATHER

12. Name 13. Birthplace 14. Maiden name 15. Birthplace

Thomas Shank  
Washington Co.  
Mary Hambecker  
Washington Co.

16. Informant

Ruby Shank

Address

Fair Play Md R.

17. Burial

BurialDate thereof Dec 21 1946  
(month) (day) (year)

Cemetery or place of burial

St Pauls

Location

Near Clear Spring Snyder - Baltimore

18. Funeral director

Clear Spring Md

Address

Dec 20. 1946

19. (Date rec'd by registrar)

Chas H. Bowers  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18, 1946 at 9:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 15, 1946 to Dec. 18, 1946  
 and that I last saw him alive on Dec. 18, 1946

Immediate cause of death

Acute exacerbation of Chronic Endocarditis  
 Due to ditto

DURATION

2 weeks

Due to

Unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

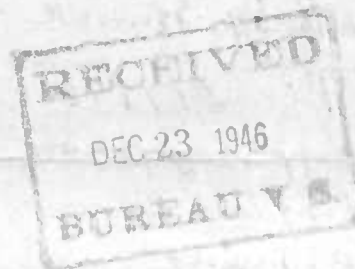
23. SIGNATURE

David R. Brewer M.D.  
Clear Spring Md. Date signed 12/19/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 12430

## 1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 yrs.

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 236 E. Washington St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Paul William Sheffler

## 3. (b) Social Security Number

173-03-2927

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Nora Sheffler

7. Birth date of

deceased (mo., day, yr.)

Jan. 17, 1902

6. (c) If alive, give age ..... years

8. AGE:

Years

Months

Days

If less than one day

44116

..... hrs.

..... min.

9. Birthplace

Hagerstown Pa  
(Town, county, and state)

10. Usual occupation

Plasterer

11. Industry or business

MOTHER FATHER

12. Name

Jacob J. Sheffler

13. Birthplace

Franklin Co., Penna.

14. Maiden name

Daisy Zentmyer

15. Birthplace

Franklin Co., Penna.

16. Informant

Address

Jacob J. Sheffler  
236 E Washington St Hagerstown

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Dec. 27, 1946  
(month) (day) (year)

Cemetery or crematory

Rest Haven Cemetery

Location

Hagerstown

18. Funeral director

L. F. Reeher

Address

Funkstown, Md.

19.

(Date rec'd by registrar)

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23. SIGNATURE

M. D.

Address 154 W. Wash. St.Date signed 12/24/46

20. DATE OF DEATH

12-23-46 19..... at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12/10/46 19..... to 12/23/46

and that I last saw him alive on

12/23/46 19.....

Immediate cause of death

Carcinoma of Pueraria

DURATION

15 weeks

Due to.....

Due to.....

Other conditions

None

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results

Carcinoma of pueraria

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of .....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

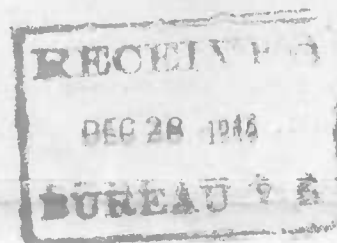
Means of injury

Injured at work?

23. SIGNATURE

M. D.

Address 154 W. Wash. St.Date signed 12/24/46



1-52

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 12488 3020

## 1. PLACE OF DEATH:

County WashingtonCity or town Sagerstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 17 daysHospital, institution, or street address where death occurred: Wash. Co. HospitalHow long in hospital or institution? 17 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Sagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. Sagerstown md.  
(If rural, give LOCATION)2.(a) If veteran, name war no

## 3. (a) FULL NAME

Mabel Irene Sheubridge

## 3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white married6. (b) Name of husband or wife David K. Sheubridge

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) August - 3 - 18808. AGE: Years Months Days If less than one day  
66 4 27 hrs. min.9. Birthplace Sandy Hook  
(Town, county, and state)10. Usual occupation House wife11. Industry or business Own Home12. Name William Allen13. Birthplace Virginia14. Maiden name Julia Wrench15. Birthplace Virginia16. Informant David K. SheubridgeAddress Sagerstown md.17. Burial Date thereof January - 2 - 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Church of the Brethren CemeteryLocation Boonsboro md.18. Funeral director Wm. J. Bart & SonsAddress Boonsboro md.19. Dec. 31, 1946 Registrar Wm. J. Bart & Sons  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1946 at 10:15 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 12 1946 to December 30 1946  
and that I last saw him alive on December 29 1946

Immediate cause of death

Lobar Pneumonia

DURATION

Due to Fracture neck of left femur 2 wksDue to Diabetes 8 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Acc. Date of 12/10/46Where did injury occur? Sagerstown Wash md  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Acc. Fall Injured at work? No

23. SIGNATURE

Wm. J. Bart & Sons M. D. or other 12/30/46  
Address Boonsboro Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D. R. de Vane

RECEIVED

JAN 3 1947

BUREAU OF

1-50



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

## CERTIFICATE OF DEATH

Dr. Poole 12489

/28

Reg. Dist. No. 3020

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Years

Hospital, institution, or street address where death occurred:

401 South Potomac St.How long in hospital or institution? None

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 401 South Potomac St.

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3.(a) FULL NAME

Mrs. Keziah Verna Shope

## 3.(b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife William C.6.(c) If alive, give age - years7. Birth data of deceased (mo., day, yr.) January 15 1880

8. AGE: Years 66 Months 11 Days 6 If less than one day - hrs. - min.

9. Birthplace Mt. Pleasant Westmoreland Co. Pa.  
 (Town, county, and state)

10. Usual occupation Housewife11. Industry or business Own Home12. Name George Smith13. Birthplace Mt. Pleasant Pa.14. Maiden name Harriett Shields15. Birthplace Mt. Pleasant Pa.16. Informant William E. ShopeAddress Hagerstown Md.

17. Removal Date thereof 12/23/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt Pleasant CemeteryLocation Mt. Pleasant Pa.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.

19. Dec. 23, 46 Registrar Charles H. Bowers  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1946 st. 2 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 16 1946 to Dec 21 1946and that I last saw him alive on Dec 21 1946

Immediate cause of death

Coronary Occlusion

DURATION

1 hr.

Due to

Bronchectasis

Due to

5 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

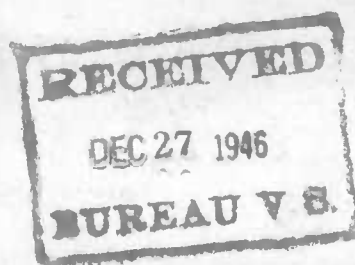
Means of injury Injured at work?

23. SIGNATURE Ernest F. Poole, M.D.

M. D. or other

Address Hagerstown Md. Date signed 12/23/46





150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92d

## CERTIFICATE OF DEATH

12490

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington  
County Hagerstown  
City or town (If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 45 years  
Hospital, institution, or street address where death occurred:  
45 W. Franklin St.  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 45 W. Franklin St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME  
Anna H. Shrader

3. (b) Social Security Number  
214-09-2689

4. Sex Female  
5. Color or race White  
6. (a) Single, married, widowed, or divorced Widowed  
6. (b) Name of husband or wife Hagry Shrader  
6. (c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) December 29, 1875

8. AGE: Years 70 Months 11 Days 12 If less than one day hrs. min.

9. Birthplace Near Mercersburg Franklin Pa.  
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

12. Name Jerry Hornbaker

13. Birthplace Near Mercersburg Pa.

14. Maiden name Sarah Deihl

15. Birthplace Near Mercersburg Pa.

16. Informant Mrs. Florence Leatherman

Address Williamsport Md.

17. Burial 12-14-46  
(Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown Md.

18. Funeral director Scott F. Minnich & Son

Address Hagerstown Md.

19. Dec. 14, 46  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 11, 1946, 11:15p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Sept. 25th, 1946, to Dec. 11th, 1946  
and that I last saw her alive on Dec. 11th, 1946

Immediate cause of death Arteriosclerosis  
Due to Chronic Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. R. Bender M. D. or other

Address 34 W. Franklin St. Date signed Dec. 13, 1946

RECEIVED

DEC 17 1946

BUREAU 18

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12491  
Reg. Dist. No. 3020

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 40 years  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 365 S. Cannon Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Eliza Shuler

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife .....

7. Birth date of deceased (mo., day, yr.) April 28, 1878

8. AGE: Years 68 Months 7 Days 5 If less than one day  
 ..... hrs. .... min.

9. Birthplace Shenandoah, Virginia  
(Town, county, and state)10. Usual occupation Home Duties

11. Industry or business .....

12. Name Hiram Shuler13. Birthplace Shenandoah, Va.14. Maiden name Elizabeth Koontz15. Birthplace Shenandoah, Va.16. Informant Mrs. C. E. ThompsonAddress 1000 Penn. Ave.- Hagerstown, Md.17. Burial Date thereof Dec. 5, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Md.18. Funeral director Fred W. KraissAddress Hagerstown, Md.19. Dec. 6, 46 Chas. H. Bowers  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3, 1946 8:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
25 Nov 46 to 3 Dec 46  
 and that I last saw her alive on 2 Dec 46

Immediate cause of death Coronary Thrombosis (?) DURATION 10 min.

Due to .....

Due to .....

Other conditions Influenza 9 days

(Include pregnancy within 8 months of death)

Major findings of operations .....

Autopsy results Autopsy reported

PHYSICIAN: Please underline the cause which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE W. D. Layman Jr. M. D. or otherAddress 1000 Penn. Ave. Date signed 5 Dec 46  
Chas. H. Bowers

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-50

'Birth + Death' 12492  
 MARYLAND STATE DEPARTMENT OF HEALTH (159)  
**CERTIFICATE OF STILLBIRTH**

Reg. Dist. No. 3020

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

**1. PLACE OF BIRTH:**

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street address, hospital, or institution: Washington County Hospital  
 Length of mother's stay in County 2 years  
 (How many years, or months, or days. SPECIFY WHICH)

**2. USUAL RESIDENCE OF MOTHER:**

State Maryland  
 County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 376 S. Cleveland St.  
 (If RURAL give LOCATION)

3. Name of child Cynthia Ann Smith  
 5. Sex Female 6. Twin or triplet

4. Date of birth Dec 2, 1946 Hour 4:01 P. M.  
 7. No. of weeks pregnancy 36 weeks

**FATHER OF CHILD**

8. Full name Jesse Leroy Smith  
 9. Color white 10. Age at time of this birth 33 yrs.  
 11. Usual occupation Silk weaver

**MOTHER OF CHILD**

12. Full maiden name Edith Virginia Bishop  
 13. Color white 14. Age at time of this birth 20 yrs.  
 15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0  
 (b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? During labor?

18. Pregnancy, complications of

19. Labor: (a) Complications of (b) Induced?

20. (a) Was there an operation for delivery? (Yes or No)  
 (b) State all operations, if any

(c) Did child die before operation?  
 During operation?

21. Cause of ~~stillbirth~~ <sup>DEATH</sup>. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes Congenital Abnormalities  
 (b) Maternal causes prematurity (cause undetermined)

22. I certify to the birth of this child who was born ~~dead~~ <sup>ALIVE</sup> on the date and hour above stated BUT DIED

Signature R. B. Bee  
 (Specify if M. D., midwife, or other)

Address Hagerstown, Maryland

23. (a) Burial (b) Date thereof Dec. 3, 1946  
 (Burial, cremation or removal) (month) (day) (year)

(c) Cemetery or crematory Bonanza Cemetery

24. (a) Funeral director W. J. Normant  
 (b) Address Hagerstown, Md.

25. (a) Dec. 3, 1946 (b) Chas. H. Rogers  
 (Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.)  
 The above certificate has been examined by me.

Health Officer, per

\* See Instruction C on stub

Child lived 3 hours, 24 min

V. S. A10

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DEC 5 1946  
BUREAU OF

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12493

Reg. Dist. No. 3020

1. PLACE OF DEATH:  
 County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 67 years  
 Hospital, institution, or street address where death occurred:  
1016 Potomac Avenue  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 2017 Virginia Avenue  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

3. (a) FULL NAME Elsie A. Startzman

3. (b) Social Security Number None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Clarence C. Startzman

7. Birth date of deceased (mo., day, yr.) April 26, 1879 6. (c) If alive, give age years

8. AGE: Years 67 Months 7 Days 22 If less than one day  
 .....hrs. ....min.

9. Birthplace Washington County, Md.  
 (Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

12. Name Bentz Knode  
 13. Birthplace Washington County, Md.

14. Maiden name Elizabeth Shupp  
 15. Birthplace Washington County, Md.

16. Informant Clarence C. Startzman  
 Address 2017 Virginia Ave. - Hagerstown,

17. Burial Date thereof Dec. 20, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rose Hill Cemetery  
 Location Hagerstown, Maryland.

18. Funeral director Fred W. Kraiss  
 Address Hagerstown, Md.

19. Dec. 20, 46  
 (Date rec'd by registrar)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH Dec. 18, 1946 P. 11

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Dec. 15, 46 to Dec. 18, 46  
 and that I last saw her alive on Dec. 18, 46

Immediate cause of death Myocarditis (chronic) DURATION 2 yrs  
Anterior division 10 yrs  
 Due to Accidental fall - fell down steps  
 Due to Paroxysmal A. t. a. s. 10 yrs  
Active left hip 3 days  
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged etiologically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Accident Date of death Dec. 18, 1946  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) At home  
 Manner of injury Accidental fall Injured at work?

23. SIGNATURE [Signature] M. D. or other  
 Address Hagerstown Date signed Dec. 19, 46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 23 1946

BUREAU

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30 X

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 124940

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 Months  
 Hospital, institution, or street address where death occurred:  
Hillcrest Nursing Home  
 How long in hospital or institution? 3 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1925 Virginia Ave.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

## 3. (a) FULL NAME

MRS CARRIE EVELYN STOUFFER

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife John W.

7. Birth date of deceased (mo., day, yr.) June 26, 1881 6. (c) If alive, give age. --- years

8. AGE: Years 65 Months 5 Days 14 --- hrs. --- min.

9. Birthplace Funkstown Washington Co., Md.  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name Walford Stouffer13. Birthplace Hagerstown Md.14. Maiden name Mary Spessard15. Birthplace Chewsville Md.16. Informant Carrol StoufferAddress Hagerstown Md.

17. Burial Date thereof 12/13/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Manor CemeteryLocation Tilghmanston Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.

19. Dec. 13, 1946 Registrar Chas. Bowers  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 10, 1946 at 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 45 to Dec 10, 46  
 and that I last saw her alive on Dec 10-46

Immediate cause of death

Cerebral Thromb

## DURATION

7 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Ditto M. D. or otherAddress Hagerstown Md. Date signed 12/11/46

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DEC 17 1946

BUREAU V B

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

12495

## CERTIFICATE OF DEATH

Reg. Diat. No. 3020

## 1. PLACE OF DEATH:

County Washington  
Hagerstown  
 City or town (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 yr. 1 mo. 8 da.  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 720 Chestnut Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Judith Ann Sweeney

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) Nov. 14, 1945

8. AGE: 1 Years 1 Months 8 Days If less than one day  
 ..... hrs. .... min.

9. Birthplace Hagerstown, Wash. Co., Md.  
 (Town, county, and state)  
Infant

10. Usual occupation

11. Industry or business

12. Name Walter C. Sweeney13. Birthplace Boonsboro, Md.14. Maiden name Anna Childress15. Birthplace Virginia16. Informant Walter C. SweeneyAddress 720 Chestnut St. Hagerstown, Md.

17. Burial Date thereof Dec. 24, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Md.18. Funeral director Fred W. KraissAddress Hagerstown, Md.

19. Dec. 24, 46 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1946 5:15 at A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 12 - 46 to Dec 22 - 46  
 and that I last saw her alive on Dec 22 - 46 19

Immediate cause of death

DURATION

Pneumonia Thrombosis 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE SWA M. D.

Hagerstown Date signed Dec 24, 46  
 Address

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 27 1946

BUREAU

1-50

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82

## CERTIFICATE OF DEATH

12496

Reg. Dist. No. 3450

### 1. PLACE OF DEATH:

County..... Washington  
City or town..... Bonnsboro  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... 22 years  
Hospital, institution, or street address where death occurred:  
Lakin Ave.  
How long in hospital or institution?..... at Home

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State..... Maryland County..... Washington  
City or town..... Bonnsboro  
(If outside city or town limits, write RURAL and give nearest town)  
Street No..... Lakin Ave  
(If rural, give LOCATION)  
2.(a) If veteran, name war..... none

### 3. (a) FULL NAME

James Elkan Thompson

### 3. (b) Social Security Number

none

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Widowed

6. (b) Name of husband or wife..... Mrs. Gertrude Thompson  
8. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... March - 1 - 1872

8. AGE: Years..... 74 Months..... 9 Days..... 25 hrs..... min.....

9. Birthplace..... Brownsville Wash. Co. Md.  
(Town, county, and state)

10. Usual occupation..... Retired Farmer

11. Industry or business.....

12. Name..... James B. Thompson

13. Birthplace..... Virginia

14. Maiden name..... Octavia J. Campbell

15. Birthplace..... Brownsville Md.

16. Informant..... Howard J. Thompson

Address..... Bonnsboro Md.

17. Burial..... Bonnsboro Cemetery  
(Burial, cremation, or removal. Which?) Date thereof..... Dec 29, 1946  
(month) (day) (year)

Cemetery or crematory..... Bonnsboro Md.

Location..... Bonnsboro Md.

18. Funeral director..... Wm J. Best & Sons

Address..... Bonnsboro Md.

19. Dec 29, 1946  
(Date rec'd by registrar)

John H. Best  
Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 26 1946 at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
December 20 1946 to Dec. 26 1946  
and that I last saw him alive on December 26 1946

Immediate cause of death.....

Cerebral Hemorrhage

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... W. L. L. M.D.

Address..... Bonnsboro Date signed..... 12/28/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

JAN 2 1947

BUREAU V B

1-58

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

## CERTIFICATE OF DEATH

12497

Reg. Dist. No. 3020

## 1. PLACE OF DEATH:

County Washington CountyCity or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 hrs

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? 3 hrs

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Williamsport, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. Williamsport, Maryland

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3.(a) FULL NAME

Baby Saundra Lou Whitson

## 3.(b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Baby

## 6.(b) Name of husband or wife

Baby

6.(c) If alive, give age ..... years

## 7. Birth date of deceased (mo., day, yr.)

Dec. 19 1946

## 8. AGE:

Years

Months

Days

If less than one day

3 hrs.

min.

9. Birthplace Hagerstown Md

(Town, county, and state)

## 10. Usual occupation

Baby

## 11. Industry or business

MOTHER FATHER

12. Name John P Whitson13. Birthplace Oklahoma14. Maiden name Margaret Elizabeth Clark15. Birthplace Hagerstown Md16. Informant John P. WhitsonAddress Williamsport, Md17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Dec. 20 1946

(month) (day) (year)

Cemetery or crematory Riverview CemeteryLocation Williamsport, Maryland18. Funeral director Edith V. LeafAddress #7 Church St. Williamsport, Md.19. Dec. 20, 1946

(Date rec'd by registrar)

Charles H. Bowers

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1946 at 10:00 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., 10.....19.....

and that I last saw h.....alive on.....19.....

Immediate cause of death

DURATION

3 hrsDue to 5 mos.Due to Pregnancy

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. W. H. BowersAddress Williamsport, Md.Date signed 12/20/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 23 1946

BUREAU

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740 J

## CERTIFICATE OF DEATH

12498

Reg. Diat. No. 3020

## 1. PLACE OF DEATH:

County Washington  
 City or town Security, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Washington County Hospital  
 How long in hospital or institution? 2 months

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Security  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Kathryn Rebecca Widdows

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife .....  
 6.(c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) February 15, 1931  
 8. AGE: Years 15 Months 9 Days 25 If less than one day ..... hrs. .... min.

9. Birthplace Hagerstown, Wash. Co. Md.  
 (Town, county, and state)  
 10. Usual occupation High School Student  
 11. Industry or business .....  
 FATHER 12. Name Owen L. Widdows  
 13. Birthplace Hagerstown, Maryland  
 MOTHER 14. Maiden name Mabel R. Earnshaw  
 15. Birthplace Hagerstown, Maryland  
 16. Informant Owen L. Widdows  
 Address Hagerstown, Maryland  
 17. Burial 12-13-46  
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)  
 Cemetery or crematory Rose Hill Cemetery  
 Location Hagerstown, Maryland  
 18. Funeral director C. M. Suter & Sons  
 Address Hagerstown, Maryland  
 19. Dec. 12, 46  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 19 46 at 2<sup>50</sup> P. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 19 46 to Dec 10 19 46  
 and that I last saw h. ER alive on Dec 10 19 46  
 Immediate cause of death Acute Aleukemic Lymphatic Leukemia  
 DURATION 3 mos  
 Due to .....  
 Due to .....  
 Other conditions .....  
 (Include pregnancy within 3 months of death)  
 Major findings of operations .....  
 Date of op. ....  
 Autopsy results .....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.  
 22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ..... Date of .....  
 Where did injury occur? ..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) .....  
 Means of injury ..... Injured at work?  
 23. SIGNATURE Robert V. P. Campbell M.D.  
Hagerstown M. D. or other  
 Address 145 W. Washington St. Date signed Dec 11/46

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DEC 14 1946  
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (124-2)

## CERTIFICATE OF DEATH

Dr. Ralph Stouffer

12499

Reg. Dist. No. 302 01

## 1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 DaysHospital, institution, or street address where death occurred:  
Washington County HospitalHow long in hospital or institution? 3 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 326 W. Washington St.  
(If rural, give LOCATION)2. (a) If veteran, name war None

## 3. (a) FULL NAME

JOHN EARL WILEY

## 3. (b) Social Security Number

214-09-5844

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Sara Wiley7. Birth date of deceased (mo., day, yr.) October 4, 19056. (c) If alive, give age 39 years8. AGE: Years 41 Months 1 Days 27 If less than one day  
-- hrs. -- min.9. Birthplace Fairfield Adams Co. Penna.  
(Town, county, and state)10. Usual occupation Machine Operator11. Industry or business Hagerstown Shoe Co.12. Name Francis Peters13. Birthplace Fairfield Penna.14. Maiden name Jenevieve Sease15. Birthplace Emmitsburg Md.16. Informant Mrs. Sara WileyAddress Hagerstown Md.17. Burial Date thereof 12/3/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rest Haven CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Dec. 2, 46 Chas H Bowers  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1946, at 3 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Oct 21, 1946 to Dec 1, 1946  
and that I last saw him alive on Dec 1, 1946Immediate cause of death Portal (Laennec's) cirrhosis

## DURATION

1 yr

Due to

Due to

Other conditions Hemorrhage from esophageal  
Varix  
(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results Laennec's Cirrhosis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

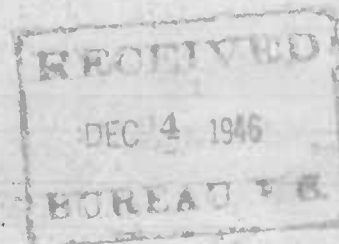
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. S. Stouffer, M.D. M. D. or otherAddress Hagerstown, Md Date signed Dec 2, 1946



1-50



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1576

## CERTIFICATE OF DEATH

Reg. Dist. No. 3020

12500

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 days  
 Hospital, institution, or street address where death occurred:  
Washington Countyb Hospital  
 How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
 City or town Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 618 Lanvale Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Unnamed child (Williamson)

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife .....

6.(c) If alive, give age .....

7. Birth date of deceased (mo., day, yr.) November 22, 1946

8. AGE: Years Months Days If less than one day  
10 hrs. min.

9. Birthplace Hagerstown, Wash. Co. Md.  
(Town, county, and state)

10. Usual occupation .....

11. Industry or business .....

12. Name Unknown

13. Birthplace .....

14. Maiden name Pearl O. Williamson15. Birthplace Hagerstown, Maryland16. Informant Owen WilliamsonAddress Hagerstown, Maryland17. Burial Date thereof 12-3-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Maryland

C. M. Suter &amp; Sons

18. Funeral director .....

Address Hagerstown, Maryland19. Dec. 3, 46 Registrar  
(Date rec'd by registrar) 19. Robert H. Bowers

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 19 46 at 12:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 22 19 46 to Dec 2 19 46and that I last saw H.E.R. alive on Dec 2 19 46Immediate cause of death Meningitis

DURATION

Due to open meningococciDue to Spinalifida

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE Robert O. Campbell M.D.Address 145 W Washington St Date signed 12/3/46



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

## CERTIFICATE OF DEATH

Dr. Zimmerman 12501

98

Reg. Diat. No. 3022

## 1. PLACE OF DEATH:

County... Washington  
 City or town... Rural Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 17 Years  
 Hospital, institution, or street address where death occurred:  
2207 Virginia Ave.  
 How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... Maryland County... Washington  
 City or town... Rural Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 2207 Virginia Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... None

## 3. (a) FULL NAME

JOHN LEWIS WOLF

## 3. (b) Social Security Number

578-05-5819

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Mary E. Wolf  
 6.(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1882

8. AGE: Year 64 Months 2 Days 11 If less than one day -- hrs. -- min.

9. Birthplace Hagerstown Washington Co. Md.  
 (Town, county, and state)

10. Usual occupation Carpenter

## 11. Industry or business

FATHER 12. Name William H. Wolf  
 13. Birthplace Samplers Manor Md.

MOTHER 14. Maiden name Sarah Trone  
 15. Birthplace Hagerstown Md.

16. Informant Mrs. Mary E. Wolf  
 Address Hagerstown Md.

17. Burial Date thereof 12/12/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rose Hill Cemetery  
 Location Hagerstown Md.

18. Funeral director Andrew K. Coffman  
 Address Hagerstown Md.

19. Dec. 11, 46 Black Powers  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1946 19 46 at 12:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1943 to Dec. 9 1946 and that I last saw him alive on Dec. 8 1946

Immediate cause of death Coronary Occlusion DURATION 1 hour

Due to General Multiple Sclerosis 3 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

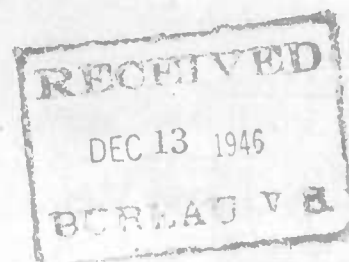
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Don Zimmerman M. D. or other

Address 2207 Virginia Ave. Hagerstown Md. Date signed 12/10/46



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-0)

## CERTIFICATE OF DEATH

12502 3010  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County WashingtonCity or town Williamsport, Md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 56 Yrs.

Hospital, institution, or street address where death occurred:

#40 W. Potomac St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Williamsport, Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. #40 W. Potomac St.  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

Leona M. Wolford

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Charles Davis Wolford6. (c) If alive, give age 57 years

## 7. Birth date of

deceased (mo., day, yr.) Nov. 11 1890

## 8. AGE:

Years

Months

Days

If less than one day

5612

hrs.

min.

9. Birthplace Williamsport, Md.

(Town, county, and state)

10. Usual occupation Housewife11. Industry or business Home12. Name Alexander McKelvey13. Birthplace Williamsport, Md.14. Maiden name Mary Singer15. Birthplace Williamsport, Md16. Informant Charles Davis WolfordAddress #40 W. Potomac St. Williamsport17. Burial Date thereof Dec. 18 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Riverview CemeteryLocation Williamsport, Md.18. Funeral director Edith V. LeafAddress #7 Church St. Williamsport Md19. Dec 18 1946 E Lee McElroy  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15 1946 at 10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death

DURATION

Gun shot wound into  
chest cavity  
6th rib space to left  
of sternum  
Internal human knife  
+ shock

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of Dec. 15/46Where did injury occur? Williamsport Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury 32 revolver Injured at work? No

Deputy Med.

23. SIGNATURE St Robert & Wells Evans. Works. Co  
M. D. or Med.Address Wagertown, Md. Date signed Dec. 15/46

RECEIVED

DEC 23 1946

BUREAU

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